


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90025 033 ****61.25

DOCUMENT # 704918 1. Entity Name JACKSONVILLE ORCHID SOCIETY			
Principal Place of Business 1261 ALDERMAN RD, E JACKSONVILLE, FL 32211		Mailing Address 1261 ALDERMAN RD, E JACKSONVILLE, FL 32211	
2. Principal Place of Business - No P.O. Box # 3611 Richmond St.		3. Mailing Address 3611 Richmond St.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32205		Zip 32205	
Country 		Country 	
4. FEI Number 59-2138734		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COVIN, MARGARET 3611 RICHMOND ST JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Cavin, Margaret Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Margaret Cavin</u> <u>Margaret Cavin</u> <u>2/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAGEN, JAN 126 WILD ORCHID LANE ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP McElroy, Harry 12010 Hood Landing Jacksonville, FL 322582031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARABEDIAN, JOHN 2566 WINFIELD LANE ORANGE PARK, FL 32050	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnson, Margie 339 Robalo Way Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTERAK, BRIAN 5020 TAYLOR CREEK DR JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heinz, Mike 9255 N. Davis Street Green St. Mary FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUDEL, GEORGE 201 LEE DRIVE DR N MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Langfeller, Hank 5328 Windermere Dr. Jacksonville FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCELROY, CELIA 12010 HOOD LANDING JACKSONVILLE, FL 322582031	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIRBY, FRANCES 5629 HOLLYBELL DR # 3 JACKSONVILLE, FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Myers, Bonnie 2838 Everholly Lane Jacksonville FL 32223
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-13-07 745-7202 <small>Date Daytime Phone #</small>	