


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90027 029 ****61.25

DOCUMENT # 709945 1. Entity Name PLATINUM COAST ORCHID SOCIETY, INC.					
Principal Place of Business COCOA EXPO SPORTS CENTER 500 FRIDAY ROAD COCOA, FL 32922 US				Mailing Address P.O. BOX 540758 MERRITT ISLAND, FL 32954-0758 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADAMSON, JIMMIE 1268 ST. ANDREWS DRIVE ROCKLEGE, FL 32955				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMSON, JIM		NAME	Robert Libbey	
STREET ADDRESS	1268 ST ANDREWS DR		STREET ADDRESS	9667 James Creek Rd	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Christmas, FL 32709	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBBEY, ROBERT		NAME	Glenda Titler	
STREET ADDRESS	9667 JAMES CREEK ROAD		STREET ADDRESS	128 Woodsmill Blvd.	
CITY-ST-ZIP	CHRISTMAS, FL 32709		CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARDLEY, ANNETE		NAME	Craig Helping	
STREET ADDRESS	3464 S. ATLANTIC AVE		STREET ADDRESS	2228 Bella Cook Dr.	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMEL, EDWARD		NAME		
STREET ADDRESS	1714 SUN GAZER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESS, ANDREA		NAME	Stephen De Sorbo	
STREET ADDRESS	1728 EXETER DRIVE		STREET ADDRESS	271 Provincial Dr	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Indianapolis, FL 32903	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPH, KATHLEEN		NAME	Ginny Landreth	
STREET ADDRESS	3631 E MALORY COURT		STREET ADDRESS	1394 Dewey Circle	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	Rockledge, FL 32955	
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: Craig L. Helping <i>Craig L. Helping</i> April 23, 2006 321-633-2089 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40091644



03122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2930942

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

ATTACHMENT

Document Number 709945 H0091622
Additional Directors

D

Jim Adamson
1268 St Andrews Dr.
Rockledge, FL 32955

D

Sherrill Gossett-Moore
5600 N. Banana River Blvd.
Apt. 38
Cocoa Beach, FL 32931

D

Genetta McGee
4200 Rayburn Road
Cocoa, FL 32926