FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711239 (4)

1. Corporation Name
ORCHID SOCIETY OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 18432 W PALM BEACH FL 33416-5432	P.O. BOX 18432 W PALM BEACH FL 33416-5432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1966
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-6139129 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FOUNTAIN, HARVEY
5657 52ND DR., SOUTH
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	DE BOOTH, ANN	1.2 NAME		
STREET ADDRESS	1187 EDGEHILL ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL 33417	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	LINDSEY, PATT	2.2 NAME	CIOCI, SUSAN	
STREET ADDRESS	15062 N ROAD	2.3 STREET ADDRESS	4557 MYLA LANE	
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	AYMOND, ROBERT	3.2 NAME		
STREET ADDRESS	6287 BARBARA STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, KENNETH	4.2 NAME		
STREET ADDRESS	5449 TORONTO RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33415	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	POLOVINA, TIM	5.2 NAME		
STREET ADDRESS	931 VILLAGE BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH FL	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	JENS, VIRGINIA	6.2 NAME	IDE, BRUCE	
STREET ADDRESS	920 UPLAND DRIVE	6.3 STREET ADDRESS	1175 12TH FAIRWAY	
CITY-ST-ZIP	W. PALM BEACH FL 33405	6.4 CITY-ST-ZIP	WELLINGTON, FL 33414	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harvey L. Fountain 3/9/95 (407) 968-1007
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
HARVEY L. FOUNTAIN, Pres

0048710