2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# 711239

Entity Name: ORCHID SOCIETY OF THE PALM BEACHES, INC.

Current Principal Place of Business:

15062 NORTH RD.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 211463
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 90-0582487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDSEY, PATRICIA M
15062 NORTH RD.
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: LINDSEY, PATRICIA M
Address: 15062 NORTH RD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V
Name: PATRICK, DIANE
Address: 818 15TH ST
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S
Name: PHILIPS, KITTY
Address: 13209 77TH PL N.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: T
Name: SKAGGS, BRENDA
Address: 14796 NORTH RD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D
Name: MCGIVERON, KATIE
Address: 2121 COLLIER
City-St-Zip: LAKE WORTH, FL 33461

Title: D
Name: NAKAMURA, CHARLENE
Address: 4552 BLUE PINE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA M. LINDSEY PRES 01/09/2012

Electronic Signature of Signing Officer or Director — Date