

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713878

FILED
Apr 02, 2009
Secretary of State

Entity Name: MARTIN COUNTY ORCHID SOCIETY, INC.

Current Principal Place of Business:

9087 SE SHARON STREET
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

9087 SE SHARON STREET
HOBE SOUND, FL 33455 US

New Mailing Address:

PO BOX 3211
STUART, FL 34995 US

FEI Number: 59-1206749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, KATHY
9087 SE SHARON STREET
HOBE SOUND, FL FL 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: T () Delete
Name: GARDNER, KATHY
Address: 9087 SE SHARON STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: VP () Delete
Name: SHAW, MARGARET
Address: 9087 SE SHARON STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: P () Delete
Name: MARR, MARILYN
Address: 2135 SW RANCH TRL
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: SMITH, ANNETTE
Address: 6947 SE SOURWOOD DR
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: KOSLOSKI, SALLY
Address: 8945 SE BAHAMA CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MARR, MARILYN
Address: 2135 SW RANCH TRL
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: WILHELM, FRITZ
Address: 4570 SW HAMMOCK CREEK DR
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHY GARDNER

TREA

04/02/2009

Electronic Signature of Signing Officer or Director

Date