2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 713878

Entity Name: MARTIN COUNTY ORCHID SOCIETY, INC.

Current Principal Place of Business:

780 SE INDIAN ST
STUART, FL 34997 US

New Principal Place of Business:

1001 S KANNER HWY
STUART, FL 34997 US

Current Mailing Address:

PO BOX 3211
STUART, FL 34995 US

New Mailing Address:

PO BOX 3211
STUART, FL 34994 US

FEI Number: 59-1206749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELAND, JOHN
3418 SW COCO PALM DR
PALM CITY, 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
Name: FLOWERS, MICHELE
Address: 2966 SW 96TH ST
City-St-Zip: STUART, FL 34997

Title: VP
Name: PARRISH, WAYNE
Address: 6431 SE WINDSONG LN
City-St-Zip: STUART, FL 34997

Title: DIR
Name: MARR, MARILYN
Address: 2135 SW RANCH TRL
City-St-Zip: STUART, FL 34997

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

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

Title: P
Name: WELAND, JOHN
Address: 3418 SW COCO PALM DR
City-St-Zip: PALM CITY, FL 34990

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: JOHN P WELAND P 01/03/2012

Electronic Signature of Signing Officer or Director Date