

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 724779 (4)

1. Corporation Name

DAYTONA BEACH ORCHID SOCIETY INC

Principal Place of Business

112 SYLVANIA PL.
P.O. BOX 6222 STA. A
DAYTONA BEACH FL 32122-6222

Mailing Address

P. O. BOX 32125-0194
HOLLYHILL FL 32125
US



3. Date Incorporated or Qualified

11/13/1972

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRISON, S MAXINE
112 SYLVANIA PLACE
ORMOND BCH. FL 32074**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE

11 TITLE **P** ☒ Change ☐ Addition

NAME **PEARSON, ROY**
STREET ADDRESS **75 LINCOLN AVE**
CITY-ST-ZIP **ORMOND BEACH FL**

12 NAME **PLIMPTON, SUSIE**
13 STREET ADDRESS **186 S. BEACH ST**
14 CITY-ST-ZIP **ORMOND BEACH FL 32174-6437**

TITLE **VPD** ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME **PEARSON, CAROLE**
STREET ADDRESS **75 LINCOLN AVE**
CITY-ST-ZIP **ORMOND BEACH FL**

22 NAME ☐ Change ☐ Addition

TITLE **S** ☒ DELETE

31 TITLE **S** ☒ Change ☐ Addition

NAME **PLIMPTON, T. P.**
STREET ADDRESS **186 S. BEACH ST.**
CITY-ST-ZIP **ORMOND BEACH FL**

32 NAME **LOOMIS-HENKE, BARBARA**
33 STREET ADDRESS **2920 FOXCROFT LN**
34 CITY-ST-ZIP **SOUTH DAYTONA FL 32119-3257**

TITLE **T** ☒ DELETE

41 TITLE **T** ☒ Change ☐ Addition

NAME **KOWALSKI, MARY**
STREET ADDRESS **1219 DAVID DRIVE**
CITY-ST-ZIP **HOLLY HILL FL**

42 NAME **HARRINGTON, JOHN**
43 STREET ADDRESS **715 AVONDALE AVE**
44 CITY-ST-ZIP **HOLLY HILL, FL 32117-3607**

TITLE **VP** ☒ DELETE

51 TITLE **VP** ☒ Change ☐ Addition

NAME **PLIMPTON, SUSAN**
STREET ADDRESS **186 S. BEACH ST.**
CITY-ST-ZIP **ORMOND BEACH FL**

52 NAME **KRANZ, MARGARET**
53 STREET ADDRESS **1419 N. BEACH ST**
54 CITY-ST-ZIP **ORMOND BEACH, FL 32174-3401**

TITLE **D** ☒ DELETE

61 TITLE **D** ☒ Change ☐ Addition

NAME **HARRISON, JIM**
STREET ADDRESS **112 SYLVANIA PL**
CITY-ST-ZIP **ORMOND BCH FL**

62 NAME **ISAAC, JOHN**
63 STREET ADDRESS **15 PALM DR**
64 CITY-ST-ZIP **ORMOND BEACH, FL 32176-**

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)(k), 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:

John C. Harrington **John C. Harrington** 4/20/96 904 673 7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)