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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724779** (4)

1. Corporation Name

DAYTONA BEACH ORCHID SOCIETY INC

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified **11/13/1972** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-7256690		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22 City & State		27 City & State		6. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

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	John C. Harrington
82 Street Address (P.O. Box Number is Not Acceptable)	715 Avondale Ave.
83	
84 City	Holly Hill, FL
85 Zip Code	32117

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 **John C. Harrington** **Treasurer** **2/23/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLIMPTON, SUSIE	1.2 NAME	Irene Godlewski
STREET ADDRESS	186 S. BEACH STREET	1.3 STREET ADDRESS	610 N. Ridgewood Ave.
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	Ormond Beach, FL. 32174
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, CAROLE	2.2 NAME	James Newman
STREET ADDRESS	75 LINCOLN AVE	2.3 STREET ADDRESS	87 Bosarvey Dr.
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL. 32176
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOOMIS-HEINKE, BARBARA	3.2 NAME	
STREET ADDRESS	2920 FOXCROFT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, JOHN	4.2 NAME	
STREET ADDRESS	715 AVONDALE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANZ, MARGARET	5.2 NAME	
STREET ADDRESS	1419 N. BEACH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAAC, JOHN	6.2 NAME	
STREET ADDRESS	15 PALM DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: **John C. Harrington** **John C. Harrington, Treasurer** **2/23/97** **904-673-7800**

CR2E037 (9/96)