



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90233 021 \*\*\*\*61.25

<b>DOCUMENT # 724779</b> 1. Entity Name <b>DAYTONA BEACH ORCHID SOCIETY, INC.</b>					
Principal Place of Business <b>THE CASEMENTS 25 RIVERSIDE DRIVE ORMOND BEACH, FL 32176 US</b>			Mailing Address <b>P. O. BOX 22 ORMOND BEACH, FL 32175 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04242007 Chg-NP CR2E037 (12/08)	
Zip		Country		4. FEI Number <b>23-7256690</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>HARRINGTON, JOHN C 3065 W. STATE RD. 40 ORMOND BEACH, FL 32174</b>			7. Name and Address of New Registered Agent Name <b>Bond, Cheryl E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>723 Horseman Drive</b> City <b>Port Orange</b> <b>FL</b> Zip Code <b>32127</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Cheryl E Bond</i></u> <span style="float: right;">April 24, 2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKS, MICHAEL E 44 COQUINA POINT DR. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOND, CHERYL E 723 HORSEMAN DRIVE PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEARSON, ROYDEN 75 LINCOLN AVE. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODRUFF, SUZANNE 722 KATHERINE STREET SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADLER, MILDRED 2900 N. ATLANTIC AVE DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STORY, SALLY 127 S. HALIFAX DRIVE DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITESIDE, ROBERT 29 N. SAINT ANDREWS DR. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITESIDE, ROBERT 29 N. SAINT ANDREWS DRIVE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLUMLEE, JERRY 44 COQUINA POINT DR. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCHOLSKI, MARSHA 4702 S. ATLANTIC AVENUE PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINO, GENEVIEVE #1 KATRINAS DR. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCHOLSKI, RON 4702 S. ATLANTIC AVENUE PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Cheryl E Bond</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/07 (386) 760-2985 <small>Date Daytime Phone #</small>		