


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90178 003 ****61.25

DOCUMENT # 724779 1. Entity Name DAYTONA BEACH ORCHID SOCIETY, INC.					
Principal Place of Business THE CASEMENTS 25 RIVERSIDE DRIVE ORMOND BEACH, FL 32176 US			Mailing Address P. O. BOX 22 ORMOND BEACH, FL 32175 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7256690	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOND, CHERYL E 723 HORSEMAN DRIVE PORT ORANGE, FL 32127				Name <u>WOODRUFF, SUZANNE</u> Street Address (P.O. Box Number is Not Acceptable) <u>722 Katherine St.</u> <u>East South Daytona FL 32119</u> City <u>FL</u> Zip Code	
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>Suzanne Woodruff</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Presi	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, CHERYL E		NAME	Dawn WOODRUFF, SUZANNE	
STREET ADDRESS	723 HORSEMAN DRIVE		STREET ADDRESS	722 Katherine St.	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	Daytona Beach FL 32119	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V-P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODRUFF, SUZANNE		NAME	Bill Rogers	
STREET ADDRESS	722 KATHERINE STREET		STREET ADDRESS	125 Brown Crane Ct.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP	Daytona Beach FL 32119	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STORY, SALLY		NAME	Carole Peterson	
STREET ADDRESS	127 S. HALIFAX DRIVE		STREET ADDRESS	75 Lincoln Ave.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITESIDE, ROBERT		NAME		
STREET ADDRESS	29 N. SAINT ANDREWS DR.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKOLSKI, MARSHA		NAME	Maxine Sharpe	
STREET ADDRESS	4702 S. ATLANTIC AVENUE		STREET ADDRESS	129 Coconut Key Dr.	
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUCHOLSKI, RON		NAME		
STREET ADDRESS	4700 S. ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
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.					
SIGNATURE: <u>Ruben P. Trean</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-31-08</u> Daytime Phone # <u>386 2803055</u>		