


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 724779			
1. Entity Name DAYTONA BEACH ORCHID SOCIETY, INC.			
Principal Place of Business SICA HALL 1065 DAYTONA AVE HOLLY HILL, FL 32117 US		Mailing Address P. O. BOX 250194 HOLLY HILL, FL 32125-0194 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7256690		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRINGTON, JOHN C 716 AVONDALE AVE HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agents signature required when existing) DATE _____			
FILE NOW! FEES \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P FINK, BARBARA 1167 BUENA VISTA DR HOLLY HILL, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROYDEN PEARSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 75 LINCOLN AVE ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HICKS, MICHAEL 44 COQUINA PT DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN PALMER <input type="checkbox"/> Change <input type="checkbox"/> Addition 437 N HALIFAX AVE APTS 5 DAYTONA BEACH FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINO, LOUIS A 1 KATRINAS DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY PLUMLEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 COQUINA POINT DR ORMOND BEACH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, RITA 4505 CLYDE MORRIS DR DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, HAROLD 5972 SHADY CREEK LANE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S APPLEBY, PEGGY 20 COQUINA PT DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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: <i>Royden Pearson</i>		Royden Pearson 3.5.03 386.677.4660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CS23E037 (10/02)