

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90276 012 \*\*\*\*61.25

<b>DOCUMENT # 730829</b> 1. Entity Name <b>DELRAY BEACH ORCHID SOCIETY, INC.</b>					
Principal Place of Business <b>802 N.E. 1ST ST. DELRAY BCH, FL 33483</b>			Mailing Address <b>P.O. BOX 1083 DELRAY BEACH, FL 33444-1083</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		P. O. Box 6571 City & State <b>Delray Beach, FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-1672315</b>	
33482-6571		33482-6571		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JACKSON, A. OLLIE 7283 VIA GENOVA DELRAY BEACH, FL 33446</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LANDMAN, MICHAEL</b> <b>303 N SWINTON AVE</b> <b>DELRAY BEACH, FL 33444</b> <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	VP <b>SMITH, VALERIE</b> <b>127 MACFARLAND DR</b> <b>DELRAY BEACH, FL 33483</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Hamner, Julia</b> <b>3956 NW 7 Court</b> <b>Delray Beach, FL 33445</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SKUBAL, FRED</b> <b>10538 RIO HERMOAS</b> <b>DELRAY BEACH, FL 33446</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Jackson, Annette</b> <b>7283 Via Genova</b> <b>Delray Beach, FL 33446</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>JACKSON, A. OLLIE</b> <b>7283 VIA GENOVA</b> <b>DELRAY BEACH, FL 33446</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Secaul, Ed</b> <b>6093 Heliconia Rd.</b> <b>Delray Beach, FL 33484</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP <b>KILBY, JACQUELINE</b> <b>21 VIA DE CASAS SOR</b> <b>BOYNTON BEACH, FL 33426</b> <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	D <b>FABRICANT, ROBERT</b> <b>6297 COPPER LAKE CT</b> <b>BOYNTON BEACH, FL 33437</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Jackson, A. Ollie</b> <b>7283 Via Genova</b> <b>Delray Beach, FL 33446</b> <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 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.					
<b>SIGNATURE:</b> <b>A. Ollie Jackson</b> <b>March 4, 2005</b> <b>(561) 638-9014</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					