2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 03, 2006 8:00 am
Secretary of State
03-03-2006 90095 028 ****61.25

DOCUMENT # 730829

1. Entity Name
DELRAY BEACH ORCHID SOCIETY, INC.

Principal Place of Business	Mailing Address
802 N.E. 1ST ST. DELRAY BCH, FL 33483	P.O. BOX 6571 DELRAY BEACH, FL 33482-6571

03012006 Chg-NP CR2E037 (11/05)

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 59-1672315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACKSON, A. OLLIE 7283 VIA GENOVA DELRAY BEACH, FL 33446	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD LANDMAN, MICHAEL 303 N SWINTON AVE DELRAY BEACH, FL 33444	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANNETTE JACKSON 7283 VIA GENOVA DELRAY BEACH, FL 33446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAMMER, JULIA 3956 NW 7 COURT DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACKSON, ANNETTE 7283 VIA GENOVA DELRAY BEACH, FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARYN ROSEN 12529 VIA RAVENNA BOYNTON BEACH, FL 33436	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SECAUL, ED 6093 HELICONIA RD DELRAY BEACH, FL 33484	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T A. OLLIE JACKSON 7283 VIA GENOVA DELRAY BEACH, FL 33446	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP KILBY, JACQUELINE 21 VIA DE CASAS SOR BOYNTON BEACH, FL 33426	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP ED SECAUL 6093 HELICONIA RD DELRAY BEACH, FL 33484	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, A. OLLIE 7283 VIA GENOVA DELRAY BEACH, FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALERIE SMITH 127 MACFARLANE DR DELRAY BEACH, FL 33483	☑ Change ☑ 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.

SIGNATURE: _____ A. OLLIE JACKSON 3/1/06 561-513-2398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #