

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L21778** (0)

1. Corporation Name

BOCA RATON ORCHID SOCIETY, INC.

Principal Place of Business

Mailing Address

PO BOX 276367
BOCA RATON FL 33427-6367
US

PO BOX 276367
BOCA RATON FL 33427-6367
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1989	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0089433		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACK B. JONES
~~SECRETARY~~
1290 N.E. 4TH CT.
BOCA RATON FL 33432

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELOCA, MARY	1.2 NAME	Treasurer
STREET ADDRESS	1260 NE 4TH CT	1.3 STREET ADDRESS	A. John Klaasen
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	299 N.E. 4th Street Boca Raton, FL 33432
TITLE	M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, JUDY	2.2 NAME	
STREET ADDRESS	7292 VIA PALOMAR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	CS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, STEVE	3.2 NAME	V.P.
STREET ADDRESS	1664 NW 8TH ST	3.3 STREET ADDRESS	Ned Erman
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	9874 A Boca Gardens Trail Boca Raton, FL 33497
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAGNER, PAULA	4.2 NAME	
STREET ADDRESS	1490 NE 4TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTAN, ANGIE	5.2 NAME	Director
STREET ADDRESS	5821 TOWN BAY DR., #516	5.3 STREET ADDRESS	Jane Heim-Maechtle
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	2028 S. Conference Dr. Boca Raton, FL 33486
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERMAN, RHODA	6.2 NAME	Secretary
STREET ADDRESS	18822 CASPIN CIR.	6.3 STREET ADDRESS	Sallie Chisholm
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	3135 Lakeview Blvd. Delray Beach, FL 33445

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sallie Chisholm

SECRETARY

4/16/98 561 638 1456

CR2E034 (10/97)