


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90060 038 ****61.25

DOCUMENT # N01000005884		
1. Entity Name FORT PIERCE ORCHID SOCIETY, INC.		

Principal Place of Business 4157 LEBANON RD FT PIERCE, FL 34982	Mailing Address 4157 LEBANON RD FT PIERCE, FL 34982
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50059513



2. Principal Place of Business 4860 RIVER OAK LANE	3. Mailing Address 4860 RIVER OAK LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07112005 Chg-NP CR2E037 (10/03)

City & State FORT PIERCE, FL	City & State FORT PIERCE, FL
Zip 34981	Zip 34981
Country U.S.	Country U.S.

4. FEI Number 46-0466111	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAMES, ANGIE 772 NW SELVITZ ROAD PORT SAINT LUCIE, FL 34983	
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7. Name and Address of New Registered Agent	
Name JOE ROCCO	
Street Address (P.O. Box Number is Not Acceptable) 4860 RIVER OAK LANE	
City FORT PIERCE	FL Zip Code 34981

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 X Joseph J. Rocco (NOTE: Registered Agent signature required when reinstating) DATE 7/28/05

Filing Fee is \$61.25 Due by September 7, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARVIS, JIM 4157 LEBANON RD FT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOE ROCCO 4860 RIVER OAK LANE FORT PIERCE, FL 34981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES, ANGIE 772 NW SELVITZ RD PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, ANGIE 772 NW SELVITZ ROAD PORT ST LUCIE, FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOX, KELLY 1333A PEPPERTREE TRAIL FORT PIERCE, FL 34950 <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	DV CONTE, BOB 5403 CITRUS AVE FORT PIERCE, FL 34982 <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 TOZER, JO 300 BRADLEY ST. FORT PIERCE, FL 34982 <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	<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 info empowered.

SIGNATURE: X Joseph J. Rocco DATE 7/28/05 772-489-2099