


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90387 016 ****61.25

DOCUMENT # N01000005884 1. Entity Name FORT PIERCE ORCHID SOCIETY, INC.			
Principal Place of Business 4860 RIVER OAK LANE FORT PIERCE, FL 34981		Mailing Address 4860 RIVER OAK LANE FORT PIERCE, FL 34981	
2. Principal Place of Business 300 BRADLEY ST Suite, Apt. #, etc.		3. Mailing Address 300 BRADLEY ST Suite, Apt. #, etc.	
City & State FT PIERCE, FL		City & State FT PIERCE, FL	
Zip 34982	Country US	Zip 34982	Country US
6. Name and Address of Current Registered Agent ROCCO, JOE 4860 RIVER OAK DR FORT PIERCE, FL 34981		7. Name and Address of New Registered Agent Name JOSEPHINE TOZER Street Address (P.O. Box Number is Not Acceptable) 300 BRADLEY ST City FT. PIERCE, FL Zip Code 34982	
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 <u><i>Josephine Tozer</i> (T)</u> 4/15/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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 D <input checked="" type="checkbox"/> Delete NAME JAMES, ANGIE STREET ADDRESS 772 NW SELVITZ RD CITY-ST-ZIP PORT SAINT LUCIE, FL 34983	TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MARY BAUER STREET ADDRESS 6704 DONLON RD. CITY-ST-ZIP FT PIERCE FL 34951		
TITLE S <input checked="" type="checkbox"/> Delete NAME FOX, KELLY STREET ADDRESS 1333A PEPPERTREE TRAIL CITY-ST-ZIP FORT PIERCE, FL 34950	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME WARD, JACKIE STREET ADDRESS 473 S.E. VERADA AVE. CITY-ST-ZIP PORT SAINT LUCIE FL		
TITLE DV <input checked="" type="checkbox"/> Delete NAME CONTE, BOB STREET ADDRESS 5403 CITRUS AVE CITY-ST-ZIP FORT PIERCE, FL 34982	TITLE DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STEPHENSON, PAM STREET ADDRESS 325 FFA ROAD CITY-ST-ZIP FT. PIERCE FL 34945		
TITLE T <input type="checkbox"/> Delete NAME TOZER, JO STREET ADDRESS 300 BRADLEY ST. CITY-ST-ZIP FORT PIERCE, FL 34982	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE DP <input type="checkbox"/> Delete NAME ROCCO, JOE STREET ADDRESS 4860 RIVER OAK LANE CITY-ST-ZIP FORT PIERCE, FL 34981	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ROCCO, JOE STREET ADDRESS 4860 OAK LANE CITY-ST-ZIP FT. PIERCE FL 34981		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Josephine Tozer</i> (T)</u> JOSEPHINE TOZER 4/15/06 772 4654674 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	