2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90012 024 ****61.25

DOCUMENT # N01000005884

1. Entity Name
FORT PIERCE ORCHID SOCIETY, INC.

Principal Place of Business	Mailing Address
300 BRADLEY ST FORT PIERCE, FL 34982	300 BRADLEY ST FORT PIERCE, FL 34982

04182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
48-0486111
☐ 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
TOZER, JOSEPHINE 300 BRADLEY ST FORT PIERCE, FL 34982	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 Josephine Tozer 4/22/2008
(Signature, type 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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$8.00** 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	DP TOZER, WILLIAM 300 BRADLEY ST FORT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Sandra L Woodman 8137 9th Hole Dr Pt. St. Lucie Fl 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WARD, JACKIE 473 S.E. VERADA AVE PORT SAINT LUCIE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Faith Conte 5403 Citrus Ave Ft Pierce FL 34945	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV STEPHENSON, PAM 325 FFA RD FORT PIERCE, FL 34945	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS TOZER, JO 300 BRADLEY ST. FORT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCCO, JOE 4660 RIVER OAK LANE FORT PIERCE, FL 34981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Sandra L Woodman 4/22/08 772 812-6918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #