

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005884

FILED
Jan 14, 2009
Secretary of State

Entity Name: FORT PIERCE ORCHID SOCIETY, INC.

Current Principal Place of Business:

300 BRADLEY ST
FORT PIERCE, FL 34982

New Principal Place of Business:

8137 9TH HOLE DR
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

300 BRADLEY ST
FORT PIERCE, FL 34982

New Mailing Address:

8137 9TH HOLE DR
PORT SAINT LUCIE, FL 34952

FEI Number: 46-0466111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOZER, JOSEPHINE
300 BRADLEY ST
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

WOODMAN, SANDRA
8137 9TH HOLE DR
PORT SAINT LUCIE, FL 34952 US

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.

SIGNATURE: SANDRA WOODMAN

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TOZER, WILLIAM
Address: 300 BRADLEY ST
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: WOODMAN, SANDRA L
Address: 8137 9TH HOLE DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP () Delete
Name: CONTE, FAITH
Address: 5403 CITRUS AVE
City-St-Zip: FORT PIERCE, FL 34945

Title: S () Delete
Name: TOZER, JO
Address: 300 BRADLEY ST.
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: ROCCO, JOE
Address: 4860 RIVER OAK LANE
City-St-Zip: FORT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: THOMAS, DENISE
Address: 243 SE FALCON DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WOODMAN, JOHN
Address: 8137 9TH HOLE DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S (X) Change () Addition
Name: APPEL, JANE
Address: 2101 RIVER HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34981

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA WOODMAN

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date