

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003912

FILED
Mar 12, 2008
Secretary of State

Entity Name: CHARLOTTE ORCHID SOCIETY, INC.

Current Principal Place of Business:

1282 AKEN ST
PORT CHARLOTTE, FL 339452

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 496262
PORT CHARLOTTE, FL 339496262

New Mailing Address:

FEI Number: 76-0757719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRANGE, MAUREEN
1282 AKEN ST.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STRANGE, MAUREEN
Address: 1282 AKEN ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: V () Delete
Name: HARASYMIW, JONI
Address: 220 GREGORY DR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: MINOR, KAREN
Address: 1225 ALTON ROAD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TRS () Delete
Name: KUS, SUSAN
Address: 1365 RANDOLPH ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete
Name: CALDWELL, KATHY
Address: 1540 SCHENLEY ST.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: HARASYMIW, JONI
Address: 220 GREGORY DRIVE NE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KUS, SUSAN
Address: 1365 RANDOLPH STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

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

Title: PP (X) Change () Addition
Name: STRANGE, MAUREEN
Address: 1282 AKEN STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TRS (X) Change () Addition
Name: BRIDGES, MARY
Address: 23274 GARRISON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954

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

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: MARY BRIDGES

TRS

03/12/2008

Electronic Signature of Signing Officer or Director

Date