

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003912

FILED
Jan 19, 2011
Secretary of State

Entity Name: CHARLOTTE ORCHID SOCIETY, INC.

Current Principal Place of Business:

23274 GARRISON AVE.
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 496262
PORT CHARLOTTE, FL 339496262

New Mailing Address:

23274 GARRISON AVE.
PORT CHARLOTTE, FL 33954

FEI Number: 76-0757719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIDGES, MARY
23274 GARRISON AVENUE
PORT CHARLOTTE, FL 33954 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
Name: PRICE, SANDY
Address: 6031 RIVERSIDE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33982

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

Title: PP
Name: KUS, SUSAN
Address: 1365 RANDOLPH STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY BRIDGES

TRS

01/19/2011

Electronic Signature of Signing Officer or Director

Date