2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003912

FILED Mar 27, 2012 Secretary of State

Entity Name: CHARLOTTE ORCHID SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

23274 GARRISON AVE. 2452 LINTON LANE

PORT CHARLOTTE, FL 33954 PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

23274 GARRISON AVE. 2452 LINTON LANE

PORT CHARLOTTE, FL 33954 PORT CHARLOTTE, FL 33952

FEI Number: 76-0757719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRIDGES, MARY STERN, PAMELA 23274 GARRISON AVENUE 2452 LINTON LANE

PORT CHARLOTTE, FL 33954 US PORT CHARLOTTE, FL 33952 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: PAMELA STERN 03/27/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: PRICE, SANDY

Address: 6031 RIVERSIDE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33982

Title: \

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: STERN, PAMELA Address: 2452 LINTON LANE

City-St-Zip: PORT CHARLOTTE, FL 33952

Title: 5

 Name:
 CALDWELL, KATHY

 Address:
 1540 SCHENLEY ST.

 City-St-Zip:
 PORT CHARLOTTE, FL 33952

on an attachment with all other like empowered.

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

SIGNATURE: PAMELA STERN TRS 03/27/2012