2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90107 021 ****70.00

DOCUMENT # N05000008091

1. Entity Name
ENGLEWOOD AREA ORCHID SOCIETY, INC.

400986DU

Principal Place of Business	Mailing Address
P O BOX 257 ENGLEWOOD, FL 34295	P O BOX 257 ENGLEWOOD, FL 34295

01272008 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 20-3273437 ☐ 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
LOWE, MIKE D 133 SAO LUIZ ST PUNTA GORDA, FL 33983	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 _____
Signature, typed 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. ☐ **$5.00** 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	VP MASTERS, JOHN 1948 GREEN LAWN DR ENGLEWOOD, FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN MASTERS 1948 GREEN LAWN DR. ENGLEWOOD, FL 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOMBARDIERI, PAM 522 BOUNDARY BLVD. ROTONDA WEST, FL 33947	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JOE CROOK 7133 ELDRIDGE ST ENGLEWOOD, FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PERRAULT, ROGER 13750 ALLAMANDA CIR PORT CHARLOTTE, FL 33981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ROGER PERRAULT 13750 ALLAMANDA CIR PORT CHARLOTTE, FL 33981	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SC GLEMBOCKI, MICHELE 5381 KEMPSON LANE PORT CHARLOTTE, FL 33981	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RECORDING SECRETARY MARYLOU EVANS 160 COCONUT AVE ENGLEWOOD, FL 34223	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR STRUM, LYNDA 434 CLOVER RD VENICE, FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COR. SECRETARY PAM BOMARDIERI 522 BOUNDARY BLVD ROTONDA WEST, FL 33947	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Roger Perrault 5/1/08 941-276-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROGER PERRAULT