

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008091

FILED
Jan 21, 2009
Secretary of State

Entity Name: ENGLEWOOD AREA ORCHID SOCIETY, INC.

Current Principal Place of Business:

P O BOX 257
ENGLEWOOD, FL 34295

New Principal Place of Business:

1948 GREEN LAWN DRIVE
ENGLEWOOD, FL 34223

Current Mailing Address:

P O BOX 257
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 20-3273437 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOWE, MIKE D
133 SAO LUIZ ST
PUNTA GORDA, FL 33983 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: MASTERS, JOHN
Address: 1948 GREEN LAWN DR.
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: VP () Delete
Name: CROOK, JOE
Address: 7133 ELDRIDGE ST.
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: T () Delete
Name: PERRAULT, ROGER
Address: 13750 ALLAMANDA CIR
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: RS () Delete
Name: EVANS, MARYLOU
Address: 160 COCONUT AVE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: CS () Delete
Name: BOMARDIERI, PAM
Address: 520 BONNDARY BLVD.
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HUTCHINSON, ROSEMARY
Address: 26 ST. CROIX WAY
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: RS (X) Change () Addition
Name: MCCLENNY-WILSON, EDNA
Address: 1395 FORKED CREEK DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: CS (X) Change () Addition
Name: BOMBARDIERI, PAM
Address: 522 BOUNDARY BLVD.
City-St-Zip: ROTONDA WEST, FL 33947

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: ROSEMARY K. HUTCHINSON

TREA

01/21/2009

Electronic Signature of Signing Officer or Director

Date