2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# N05000008091

Entity Name: ENGLEWOOD AREA ORCHID SOCIETY, INC.

Current Principal Place of Business:

26 ST. CROIX WAY
ENGLEWOOD, FL 34223

New Principal Place of Business:

353 GLADSTONE BLVD
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 ( )**

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
Name: HOPPER, GAIL
Address: 71 WHITE MARSH LANE
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: VP
Name: DIGRAZIA, MARY ANNE
Address: 3058 MAUCK TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: T
Name: BALDWIN, ANN
Address: 353 GLADSTONE BLVD
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: RS
Name: THOMPSON, GEROME
Address: 4309 VIA DEL SANTI
City-St-Zip: VENICE, FL 34293 US

Title: CS
Name: HEISNER, KAYE
Address: 12628 BACCHUS RD.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: AT
Name: SPENCER, NOREEN
Address: 1331 WASHINGTON DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

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: GAIL HOPPER PRES 01/11/2011

Electronic Signature of Signing Officer or Director — Date