

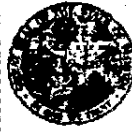
**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N20077

1. Entity Name

NORTH FLORIDA DAYLILY SOCIETY, INC.



Principal Place of Business

8942 EASTON RIVER DRIVE
JACKSONVILLE, FL 32257 US

Mailing Address

8942 EASTON RIVER DRIVE
JACKSONVILLE, FL 32257 US



01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2351858 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BAR, DALE H
8942 EASTON RIVER DRIVE
JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

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

Dale H. O'Bar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/2006

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T

O'BAR, DALE H

8942 EASTON RIVER DRIVE

JACKSONVILLE, FL 32257

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

WENSELL, RAYMOND D

1800 ST. GEORGE COURT

JACKSONVILLE, FL 32068

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

STEPHAN, GREGORY

4935 LOFTY PINES CIRCLE, EAST

JACKSONVILLE, FL 32210

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

U00000508285
04/27/06-80096-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Dale H. O'Bar Dale H. O'Bar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2006 (904) 251-2619

Date

Daytime Phone