2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N33894 03-23-2005 90048 032 ****69.00 VOLÚSIA COUNTY ORCHID SOCIETY, INC. Principal Place of Business Mailing Address P O BOX 4282 P 0 BOX 4282 DELAND, FL 32723-1282 DELAND, FL 32723-1282 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192005 Cha-NP CR2E037 (10/03) City & State City & State FEI Number 59-2960476 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOAN M. WCKOWSKI 69 TROPICAL FALLS DRIVE Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH, FL 32174 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution Due by May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change Addition PITTMAN, DR. JOHN NAME NAME STREET ADDRESS 2120 LEMON STREET STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP TITLE Delete TITLE Addition Change BURKHOLDER PATRICIA NAME NAME STREET ADDRESS 1860 SPRING GARDEN AVE STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP TITLE Delete TITLE T1 Addition Change JOAN M. WACKOWSKI NAME NAME STREET ADDRESS 69 TROPICAL FALLS DR STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 321749180 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change REINOSO, JENNIFER NAME NAME STREET ADDRESS 58 FERNWOOD TR STREET ADDRESS CITY-ST-ZIP DELAND, FL 327201357 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME THOUROT, ANNETTE NAME STREET ADDRESS 900 N. SR 415 STREET ADDRESS CITY-ST-ZIP OSTEEN, FL 32764 CITY-ST-ZIP Trustee Gooddine Halker 29915 FULLERVILLE RD. TITLE Delete TITLE Change Addition NAME FEILDS, ALLEEN STREET ADDRESS 848 SANDCRNE LANE STREET ADDRESS CITY-ST-ZIP LAKE HELEN, FL 32744 CITY-ST-ZIP DELAND, FL 32720-5704 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Joan M. Wackowski 3/20/05

FILED

Mar 23, 2005 8:00 am