

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33894

FILED
Feb 14, 2009
Secretary of State

Entity Name: VOLUSIA COUNTY ORCHID SOCIETY, INC.

Current Principal Place of Business:

P O BOX 4282
DELAND, FL 32721

New Principal Place of Business:

69 TROPICAL FALLS DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

P O BOX 4282
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-2960476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOAN M. WCKOWSKI
69 TROPICAL FALLS DRIVE
ORMOND BEACH, FL 32174 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: HICKS, JOHN JR
Address: 11410 JUDGE AVE
City-St-Zip: ORLANDO, FL 328174407

Title: V () Delete
Name: BURKHOLDER, PATRICIA
Address: 1860 SPRING GARDEN AVE
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: JOAN M. WACKOWSKI,
Address: 69 TROPICAL FALLS DR
City-St-Zip: ORMOND BEACH, FL 321749180

Title: S () Delete
Name: BLACK, D.C.
Address: 108 E GEORGE ST
City-St-Zip: DELAND, FL 32724

Title: TR () Delete
Name: CHAMBERS, SHIRLEY
Address: 112 W. PINE BLUFF
City-St-Zip: EDGEWATER, FL 32132

Title: T () Delete
Name: WALKER, GERALDINE
Address: 825 STONEHENGE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURKHOLDER, PATRICIA
Address: 1860 S. SPRING GARDEN AVENUE
City-St-Zip: DELAND, FL 327204440

Title: V (X) Change () Addition
Name: REINOSO, JENNIFER
Address: 58 FERNWOOD TRAIL
City-St-Zip: DELAND, FL 327201357

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

Title: S (X) Change () Addition
Name: BAUMANN, PAMELA
Address: 323 HARBOR TRAIL
City-St-Zip: ENTERPRISE, FL 32725A

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

Title: T (X) Change () Addition
Name: FIELDS, ALLEEN
Address: 830 SAND CRANE LANE
City-St-Zip: LAKE HELEN, FL 327443622

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: JOAN M. WACKOWSKI

TREA

02/14/2009

Electronic Signature of Signing Officer or Director

Date