2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33894

Jan 31, 2010 Secretary of State

Entity Name: VOLUSIA COUNTY ORCHID SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

69 TROPICAL FALLS DRIVE ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

P O BOX 4282 DELAND, FL 32721

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOAN M. WCKOWSKI 69 TROPICAL FALLS DRIVE ORMOND BEACH, FL 32174 US

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.

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SIGNATURE:

BURKHOLDER, PATRICIA Name: Address: 1860 S. SPRING GARDEN AVENUE

City-St-Zip: DELAND, FL 327204440

Title:

Name: REINOSO, JENNIFER Address: 58 FERNWOOD TRAIL City-St-Zip: DELAND, FL 327201357

Title:

JOAN M. WACKOWSKI Name: Address: 69 TROPICAL FALLS DR

City-St-Zip: ORMOND BEACH, FL 321749180

Title:

Name: BAUMANN, PAMELA 323 HARBOR TRAIL Address: City-St-Zip: ENTERPRISE, FL 32725A

Title:

CHAMBERS, SHIRLEY Name: 112 W. PINE BLUFF Address: EDGEWATER, FL 32132 City-St-Zip:

Title:

FIELDS, ALLEEN Name: Address: 830 SAND CRANE LANE LAKE HELEN, FL 327443622 City-St-Zip:

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: JOAN M. WACKOWSKI **TREA** 01/31/2010