

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33894

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** VOLUSIA COUNTY ORCHID SOCIETY, INC.

**Current Principal Place of Business:**

69 TROPICAL FALLS DRIVE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**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. WACKOWSKI  
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  
**Name:** BURKHOLDER, PATRICIA  
**Address:** 1860 S. SPRING GARDEN AVENUE  
**City-St-Zip:** DELAND, FL 327204440

**Title:** V  
**Name:** HICKS, JOHN JR  
**Address:** 11410 JUDGE AVENUE  
**City-St-Zip:** ORLANDO, FL 328174407

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

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

**Title:** TR  
**Name:** CHRISTENSEN, DENISE  
**Address:** 112 CASA BELLA BLVD  
**City-St-Zip:** DELAND, FL 32724

**Title:** T  
**Name:** THOUROT, CHARLES  
**Address:** 900 N SR 415  
**City-St-Zip:** OSTEEN, FL 32764

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

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date