


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90077 027 ****61.25

DOCUMENT # N38808 1. Entity Name VENICE AREA ORCHID SOCIETY, INC.					
Principal Place of Business VENICE COMMUNITY CENTER ROOM D VENICE, FL 34285 US			Mailing Address VENICE AREA ORCHID SOC., INC. P.O. BOX 443 VENICE, FL 34284-0443 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0181954	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WAGNER, BARBRA J 6834 ANCHOR WAY BRADENTON, FL 34281				7. Name and Address of New Registered Agent Name ELINOR C. BURTON Street Address (P.O. Box Number is Not Acceptable) 707 PINE RUN DR. City OSPREY FL Zip Code 34229	
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 <i>Elinor C. Burton</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		ELINOR C. BURTON, TREASURER		3/31/05 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WAGNER, BARBARA J 6834 ANCHOR WAY SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V WAGNER, BARBARA J 6834 ANCHOR WAY SARASOTA, FL 34231
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KLINGER, ROY 214 CARRIAGE HOUSE LANE NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T BURTON, ELINOR C 707 PINE RUN DR. OSPREY FL 34229
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FOX, ED 444 BALLII CIR NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CS ADAMS, GLORIA 3100 LENA LA. SARASOTA, FL 34240
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD KLINGER, VENNY 214 CARRIAGE HOUSE LANE NOKOMIS, FL 34275	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/RS AMOS, MARY 3100 LENA LA SARASOTA FL 34240
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD FENDER, SUSAN PO BOX 2501 VENICE, FL 34254	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V CALDWELL, KATIE PO BOX RT1 BOCA GRANDE FL 33421
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Elinor C. Burton</i> ELINOR C. BURTON 3/31/05 941.966.2589					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					