

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38808

FILED
Feb 16, 2011
Secretary of State

Entity Name: VENICE AREA ORCHID SOCIETY, INC.

Current Principal Place of Business:

ALI HICKS
448 BAYNARD DR.
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

VENICE AREA ORCHID SOC., INC.
P.O. BOX 443
VENICE, FL 342840443 US

New Mailing Address:

FEI Number: 65-0181954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, ALICE M
448 BAYNARD DR.
VENICE, FL 34285 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: D/PP
Name: KELLOG, TED
Address: 895 CLEARL LAKE DR
City-St-Zip: ENGLEWOOD, FL 34223

Title: D/VP
Name: WALLACE, BOB
Address: 6 CORNWELL ON THE GULF
City-St-Zip: VENICE, FL 34285

Title: D/RS
Name: WOOD, CAROL
Address: 4941 BELLA TERRA DR
City-St-Zip: VENICE, FL 34293

Title: D/T
Name: HICKS, ALICE M
Address: 448 BAYNARD DR.
City-St-Zip: VENICE, FL 34285

Title: D/P
Name: VANCE, CYNTHIA
Address: 419 CERVINCE DR.
City-St-Zip: VENICE, FL 34285

Title: D/CS
Name: NACINOVICH, ELLEN
Address: 1329 THORNAPPLE DRIVE
City-St-Zip: OSPREY, FL 34229

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: ALICE M. HICKS

D/T

02/16/2011

Electronic Signature of Signing Officer or Director

Date