

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38808

FILED
Jan 05, 2012
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: KELLOGG, TED
Address: 895 CLEAR LAKE DR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: D/VP
Name: MANEGOLD, GERRY
Address: 3281 GREYNOLDS LANE
City-St-Zip: NORTH PORT, FL 34286

Title: D/RS
Name: FAHRENBACK, PEG
Address: 2194 CALUSA LAKES BLVD
City-St-Zip: NOKOMIS, FL 34275

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

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01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date