

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90148 001 \*\*\*\*61.25

**DOCUMENT # N41063**

1. Entity Name

FLAGLER COUNTY ORCHID SOCIETY, INC.



Principal Place of Business

5 BLEAU CT  
PALM COAST FL 32137

Mailing Address

5 BLEAU CT  
PALM COAST FL 32137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3034946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHURCH, JOSEPH R.  
5 BLEAU CT  
PALM COAST FL 32137

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete  
NAME LONG, JEANNE  
STREET ADDRESS PO BOX 1445  
CITY-ST-ZIP FLAGLER BEACH FL 32136

TR ☐ Delete  
NAME DAVIS, BARBARA  
STREET ADDRESS 20 COTTONTON CT  
CITY-ST-ZIP PALM COAST FL 32137

P ☐ Delete  
NAME CHURCH, JOSEPH R.  
STREET ADDRESS 5 BLEAU CT  
CITY-ST-ZIP PALM COAST FL

TR ☐ Delete  
NAME DEVANE, MARYLOU  
STREET ADDRESS 39 BUD FIELD DR  
CITY-ST-ZIP PALM COAST FL 32137

V ☐ Delete  
NAME STROIKE, HOMER  
STREET ADDRESS 18 PANORAMA DR  
CITY-ST-ZIP PALM COAST FL 32164

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Tr ☐ Change ☒ Addition  
NAME Phyllis Scheffler  
STREET ADDRESS PO Box 350638  
CITY-ST-ZIP Palm Coast, FL 32135-0638

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Jeanne R Long JEANNE R. LONG 3-28-06 386-439-9924