

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**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



03262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SCHEFFLER, PHYLLIS  
POB 350638  
PALM COAST, FL 321350638

U000000709462  
04/25/07-80004-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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* 4-12-07 386-439-9924  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #