

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 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



04222008 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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000923278
05/18/08-80023-021 61.25

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08

Date

386-439-9924

Daytime Phone #