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May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. McNair
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003877 (6)

1. Corporation Name

GREATER ORLANDO ORCHID SOCIETY INC.



Principal Place of Business

Mailing Address

1164 GALAHAD DR
CASSELBERRY FL 327071164 GALAHAD DR
CASSELBERRY FL 32707-45423. Date Incorporated or Qualified
08/15/19953a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 4143 EDGEWATER DR

26 4143 EDGEWATER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO, FL

28 ORLANDO, FL

24 Zip 32804

25 Country ORANGE

29 Zip 32804

30 Country ORANGE

4. FEI Number

59-3327753

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHITWOOD, JOYCE
4072 N FT CHRISTMAS RD
CHRISTMAS FL 32709

81 Name

MONROE J. KOKIN

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

704 FOREST VIEW COURT

83

84 City

WINTER SPRINGS

FL

85 Zip Code

32708

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Monroe J. Kokin, Treasurer

(NOTE: Registered Agent signature required when reinstating)

2/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HEYER, JOHN
STREET ADDRESS 1164 GALAHAD DR
CITY-ST-ZIP CASSELBERRY FL 327071.1 TITLE PRESIDENT
1.2 NAME CHARLOTTE JOYCE PRINCE
1.3 STREET ADDRESS 4143 EDGEWATER DR.
1.4 CITY-ST-ZIP ORLANDO, FL. 32804TITLE VPD
NAME PRIHLE, JOY
STREET ADDRESS 4143 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL 328042.1 TITLE TREASURER
2.2 NAME MONROE J. KOKIN
2.3 STREET ADDRESS 704 FOREST VIEW CT
2.4 CITY-ST-ZIP WINTER SPRINGS FL. 32708TITLE SD
NAME DAILEY, DONNA
STREET ADDRESS 8303 PORT SAID ST.
CITY-ST-ZIP ORLANDO FL 328173.1 TITLE
3.2 NAME DONNA DAILEY
3.3 STREET ADDRESS 8303 PORT SAID ST
3.4 CITY-ST-ZIP ORLANDO, FL. 32817TITLE TD
NAME CHITWOOD, JOYCE
STREET ADDRESS 4072 N. FT. CHRISTMAS RD.
CITY-ST-ZIP CHRISTMAS FL 327094.1 TITLE
4.2 NAME D
4.3 STREET ADDRESS 922 PINE SHADOW DR.
4.4 CITY-ST-ZIP APOPKA, FL 32712TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME D
5.3 STREET ADDRESS 17601 DAVENPORT BL.
5.4 CITY-ST-ZIP WINTER GARDEN, FL 34787TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME D
6.3 STREET ADDRESS 394 MEAD DR. P.O. Box 924
6.4 CITY-ST-ZIP ORLEDO, FL. 32765

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Monroe J. Kokin, Treasurer

2/18/97

Daytime Phone # 0012844

CR2E037 (9/96)