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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003877**

1. Corporation Name
GREATER ORLANDO ORCHID SOCIETY INC.

Principal Place of Business	Mailing Address
4143 EDGEWATER DRIVE ORLANDO FL 32804	4143 EDGEWATER DRIVE ORLANDO FL 32804

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/15/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3327753 — [ ] Applied For [X] Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired [ ] — **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MEYER, CAROL
1164 GALAHAD DR
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	PRINCE, CHARLOTTE J		1.2 NAME		
STREET ADDRESS	4143 EDGEWATER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP		
TITLE	T	[ ] DELETE	2.1 TITLE		[X] Change [ ] Addition
NAME	MEYER, CAROL		2.2 NAME		
STREET ADDRESS	1164 GALAHAD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		2.4 CITY-ST-ZIP		
TITLE	VP	[X] DELETE	3.1 TITLE	VP	[ ] Change [ ] Addition
NAME	MOSS, DIANA		3.2 NAME	RAHBERG, DONNA	
STREET ADDRESS	5858 COVE DR		3.3 STREET ADDRESS	1300 SUSANNAH BLVD.	
CITY-ST-ZIP	ORLANDO FL 32812		3.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	DBM	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	ARROYO, MARTHA		4.2 NAME		
STREET ADDRESS	2326 ASHINGTON PK DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		4.4 CITY-ST-ZIP		
TITLE	DBM	[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME	CHITWOOD, JOYCE		5.2 NAME		
STREET ADDRESS	4072 NORTH FT CHRISTMAS RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL 32709		5.4 CITY-ST-ZIP		
TITLE	DBM	[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME	FRENK, EDWARD		6.2 NAME		
STREET ADDRESS	1012 DELANEY AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: CoSIGNATURE REQUIRED 1/20/99 407 695212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #