# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2005 8:00 am**
**Secretary of State**
01-21-2005 90054 031 ****61.25

DOCUMENT # N95000003877

1. Entity Name
GREATER ORLANDO ORCHID SOCIETY INC.

50004970

| Principal Place of Business | Mailing Address |
|---|---|
| 4143 EDGEWATER DRIVE<br>ORLANDO, FL 32804 | 4143 EDGEWATER DRIVE<br>ORLANDO, FL 32804 |

01182005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3327753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MOEHLENKAMP, LAURA V
1118 AUTUMN BROOK CIRCLE
LONGWOOD, FL 32750

**7. Name and Address of New Registered Agent**

Name CAROL MEYER
Street Address (P.O. Box Number is Not Acceptable) 1164 GALAHAD DRIVE
City CASSELBERRY FL Zip Code 32707

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 Carol Meyer 1/18/05
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, 2005**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PRINCE, JOY<br>4143 EDGEWATER DRIVE<br>ORLANDO, FL 32804 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PRINCE, DONALD<br>4143 EDGEWATER DRIVE<br>ORLANDO, FL 32804 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DBM<br>MOSS, DIANA J<br>5858 COVE DR<br>ORLANDO, FL 32812 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLARK, JIM<br>111 N. SHIRLEY AVE.<br>SANFORD, FL 32771 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DBM<br>MOEHLENKAMP, LAURA<br>1118 AUTUMN BROOK CIRCLE<br>LONGWOOD, FL 32750 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DBM<br>MEYER, CAROL<br>1164 GALAHAD DRIVE<br>CASSELBERRY, FL 32707 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PP<br>PRINCE, DONALD<br>4143 EDGEWATER DRIVE<br>ORLANDO, FL 32804 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PP<br>PRINCE, JOY<br>4143 EDGEWATER DRIVE<br>ORLANDO, FL 32804 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SMITH, ELLEN B<br>1612 NEW AMSTERDAM WAY<br>ORLANDO, FL 32818 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 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:** Carol Meyer 1/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #