# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# N95000003877

**Entity Name:** GREATER ORLANDO ORCHID SOCIETY INC.

**Current Principal Place of Business:**

4143 EDGEWATER DRIVE
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

4143 EDGEWATER DRIVE
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number: 59-3327753** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

SMITH, ELLEN B
1612 NEW AMSTERDAM WAY
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | PRINCE, JOY | |
| Address: | 4143 EDGEWATER DRIVE | |
| City-St-Zip: | ORLANDO, FL 32804 | |
| Title: | DBM | ( ) Delete |
| Name: | MOSS, DIANA J | |
| Address: | 5858 COVE DR | |
| City-St-Zip: | ORLANDO, FL 32812 | |
| Title: | D | ( ) Delete |
| Name: | CLARK, JIM | |
| Address: | 111 N. SHIRLEY AVE. | |
| City-St-Zip: | SANFORD, FL 32771 | |
| Title: | DBM | ( ) Delete |
| Name: | SMITH, ELLEN B | |
| Address: | 1612 NEW AMSTERDAM WAY | |
| City-St-Zip: | ORLANDO, FL 32818 | |
| Title: | PP | ( ) Delete |
| Name: | PRINCE, DONALD | |
| Address: | 4143 EDGEWATER DRIVE | |
| City-St-Zip: | ORLANDO, FL 32804 | |
| Title: | S | ( ) Delete |
| Name: | JACKOWSKI, PATRICIS | |
| Address: | 2739 BASS LAKE BLVD | |
| City-St-Zip: | ORLANDO, FL 32806 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN B. SMITH DBM 05/01/2008

Electronic Signature of Signing Officer or Director — Date