

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90098 001 ****61.25

DOCUMENT # N95000003877

1. Entity Name
GREATER ORLANDO ORCHID SOCIETY INC.



Principal Place of Business

**4143 EDGEWATER DRIVE
ORLANDO FL 32804**

Mailing Address

**4143 EDGEWATER DRIVE
ORLANDO FL 32804**

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

**MOSS, DIANA J.
5858 COVE DR
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name **RAY BAGSHAW**

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

409 OAK LYNN DR

City

Orlando

FL

Zip Code

32809

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 **RAY BAGSHAW**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Ray Bagshaw

4/27/2003

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **P** ☐ Delete
NAME **PRINCE, DONALD**
STREET ADDRESS **4143 EDGEWATER DRIVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VP** ☐ Delete
NAME **MOSS, DIANA J**
STREET ADDRESS **5858 COVE DR**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **VP** ☒ Delete
NAME **MANN, ANN**
STREET ADDRESS **9045 RONDEN LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DBM** ☐ Delete
NAME **MOEHLENKAMP, LAURA**
STREET ADDRESS **1118 AUTUMN BROOK CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **DBM** ☐ Delete
NAME **FRENK, CHIP**
STREET ADDRESS **958 SHERRINGTON ROAD**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **RAY BAGSHAW**
STREET ADDRESS **409 OAK LYNN DR**
CITY-ST-ZIP **Orlando FL 32809**

TITLE **DBM** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☒ Addition
NAME **Lorraine Harris**
STREET ADDRESS **8710 Port Said Street**
CITY-ST-ZIP **Orlando FL 32817**

TITLE **P** ☐ Change ☒ Addition
NAME **Joy Prince**
STREET ADDRESS **4143 Edgewater Dr**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE **PP** ☒ Change ☐ Addition
NAME **Donald Prince**
STREET ADDRESS **4143 Edgewater Dr**
CITY-ST-ZIP **Orlando FL 32804**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **RAY BAGSHAW**

4/27/2003 407-858-0599

CR2E037 (10/02)