


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90105 030 \*\*\*\*61.25

**DOCUMENT # N95000005815**

1. Entity Name  
 PORT ST. LUCIE ORCHID SOCIETY, INC.



Principal Place of Business  
 5403 CITRUS AVENUE  
 FORT PIERCE, FL 34982

Mailing Address  
 P.O. BOX 8421  
 PORT ST LUCIE, FL 34985 US

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03222006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 65-0727135 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HENDRICKSON, KEVIN H  
 310 SOUTH SECOND STREET  
 FORT PIERCE, FL 34950

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006

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	VP KULAGA, DIANA 2474 SW DARAINA ROAD PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, BARABRA 1971 FALLON DR. PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	PD - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUSAN SPRING 515 NE SOLIDACIRCLE PORT ST. LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SOUCAK, HILDEGARD 8288 SANDPINE CIR PORT SAINT LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE 2VP NAME STREET ADDRESS CITY-ST-ZIP	2VP-2ND VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD ASKUE 5807 NW ROSE PETAL CT PORT ST LUCIE FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LODICO, JANIE 2885 SE EAGLE DR PORT SAINT LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHIRLEY WRENN 522 NW LABREA AVE PORT ST. LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, ROY C 1272 B. NW BENTLEY CIR PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINDA ASKUE 5807 NW ROSE PETAL CT PORT ST LUCIE FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOTTE, MARIAN 814 FESTIVO COURT PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sue FRONTINO 2745 SE EAGLE DRIVE PORT ST lucie FL 34984

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susan Spring 4-6-06 Date Daytime Phone #