


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90181 039 ****70.00

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 - No P.O. Box # <i>7323 Marsh Terrace</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Port St. Lucie, FL</i>		City & State	
Zip <i>34986</i>	Country <i>USA</i>	Zip	Country
4. FEI Number 65-0727135		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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: <i>Trapkin, Toby</i> Street Address (P.O. Box Number is Not Acceptable) <i>7323 Marsh Terrace</i> City: <i>Port St. Lucie</i> FL Zip Code: <i>34986</i>	
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: <i>Molly Trapkin</i> <i>Toby Trapkin, Treasurer</i> <i>4/24/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	<i>Address should be</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>2474 SW Dalpina Road</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRINGS, SUSAN 515 NE SOLIDA CIRCLE PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Spelling should be</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>spring, susan</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ASKUE, RICHARD 5807 NW ROSE PETAL CT PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2 VP</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Wilkinson, Jim</i> <i>646 SW Longkey Court</i> <i>Port St. Lucie, FL 34986</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRENN, SHIRLEY 522 N.W. LABREA AVE PORT SAINT LUCIE, FL 34983 <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	T ASKUE, LINDA 5807 NW ROSE PETAL CT PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Trapkin Toby</i> <i>7323 Marsh Terr</i> <i>Port St. Lucie, FL 34986</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRONTINO, SUE 2745 SE EAGLE DR PORT SAINT LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>CS</i> <i>Kodico, Janie</i> <i>2885 SE Eagle Dr</i> <i>Port St. Lucie FL 34984</i>
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: <i>Molly Trapkin</i> <i>Toby Trapkin</i> <i>4/24/07</i> <i>772 468-0057</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			