

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005815

FILED
Jan 24, 2012
Secretary of State

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

Current Principal Place of Business:

2737 SE RAWLINGS ST.
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

351 SW EGRET LANDING
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0727135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTON, SHAY
2508 SE ANCHORAGE COVE
E-2
PORT SAINT LUCIE, FL 34952 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: PD
Name: MANNING, BILL
Address: 351 SW EGRET LANDING
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VP
Name: CHRISTIE, ILLONA
Address: 2649 SE GOWIN DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: 2VP
Name: HART, LAURIE
Address: 2217 SE ADOBE
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: S
Name: DONNA, ZUTTER
Address: 8296 SPICEBUSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: T
Name: MORTON, SHAY
Address: 2508 SE ANCHORAGE CV. #E-2
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: CS
Name: TRAPKIN, TOBY
Address: 7323 MARSH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: SHAY MORTON

T

01/24/2012

Electronic Signature of Signing Officer or Director

_____ Date