

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90273 019 ****61.25

DOCUMENT # N98000002945

1. Entity Name

ORCHID BOULEVARD CORPORATION



Principal Place of Business

4309 SE 18TH PLACE
CAPE CORAL FL 33904
US

Mailing Address

1905 SE 44TH ST
CAPE CORAL FL 33904

2. Principal Place of Business

4410 SE 19 AVE

Suite, Apt. #, etc.

3. Mailing Address

1929 SE 44th St.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33904

Country

USA

Zip

33904

Country

Lee

4. FEI Number

65-0847770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, PATTI
4309 SE 18TH PLACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

MARGE QUINN

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

4410 SE 19 AVE

City

CAPE CORAL

FL

Zip Code

33904

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

Marge Quinn

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

MARGE QUINN

(NOTE: Registered Agent signature required when reinstating)

4/14/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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
NAME WHITE, PATTI ☒ Delete
STREET ADDRESS 4309 SE 18TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VPD
NAME WHITE, PATTI ☒ Delete
STREET ADDRESS 4309 SE 18TH PL
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D
NAME MCHUGH, PATRICIA ☒ Delete
STREET ADDRESS 1905 S E 44TH STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE SD
NAME BLAHA, RENA ☐ Delete
STREET ADDRESS 4426 SE 19TH AVE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE TD
NAME BOYD, BEVERLY ☐ Delete
STREET ADDRESS 1925 S E 44TH STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D
NAME FRIEL, ELAINE ☐ Delete
STREET ADDRESS 1911 SE 44TH ST
CITY-ST-ZIP CAPE CORAL FL 33904

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MARGE QUINN ☐ Change ☒ Addition
STREET ADDRESS 4410 SE 19 AVE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VPD
NAME RONARD LAYMAN ☐ Change ☒ Addition
STREET ADDRESS 4453 ORCHID BLVD
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D
NAME AIAN BOYD ☐ Change ☒ Addition
STREET ADDRESS 1929 SE 44 ST
CITY-ST-ZIP CAPE CORAL, FL

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

TITLE
NAME
STREET ADDRESS 1929 SE 44th St ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
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:

Marge Quinn

MARGE QUINN

4/14/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #