


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90133 047 ****61.25

DOCUMENT # 737952 1. Entity Name MID-LAKES ORCHID SOCIETY, INC.					
Principal Place of Business 1201 SOUTH 14TH ST. P.O. BOX 492204 LEESBURG, FL 34749			Mailing Address 1201 SOUTH 14TH ST. P.O. BOX 492204 LEESBURG, FL 34749		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02112005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MALASZEK, MARY 12 GINGER CIRCLE LEESBURG, FL 34748				Name BOLLES, LINDA Street Address (P.O. Box Number is Not Acceptable) 2117 SUZANNE DR City MT DORA FL Zip Code 32757	
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 <u><i>Linda Bolles</i></u> 2-11-05 <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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P	NAME WALKER, TOM <input checked="" type="checkbox"/> Delete		TITLE VP	NAME DENNIS SHUFELT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 551 S ALABASTER AVE	CITY-ST-ZIP GROVELAND, FL 34736		STREET ADDRESS 510 SCENIC ST	CITY-ST-ZIP LEESBURG, FL 34748	
TITLE D	NAME FARNSWORTH, SUZANNE <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 646	CITY-ST-ZIP WEIRSDALE, FL 32195		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME WILDER, PHILIP <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 1046	CITY-ST-ZIP ZELLAND, FL 32798		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME MALASZEK, MARY <input checked="" type="checkbox"/> Delete		TITLE T	NAME LINDA BOLLES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 12 GINGER CIRCLE	CITY-ST-ZIP LEESBURG, FL 34748		STREET ADDRESS 2117 SUZANNE DR	CITY-ST-ZIP MT DORA, FL 32757	
TITLE VP	NAME HEITSMAN, BOB <input type="checkbox"/> Delete		TITLE P	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5202 TREASURE VIEW WAY	CITY-ST-ZIP LEESBURG, FL 34768		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME ALSOBROOK, SHEILA <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 242 OAKHILL ROAD	CITY-ST-ZIP LADY LAKE, FL 32159		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: <u><i>Linda Bolles</i></u>			Date <u>4-18-05</u> Daytime Phone # <u>407 703 1731</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					