

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90086 048 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLLES, LINDA
2117 SUZANNE DR
MOUNT DORA, FL 32757

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	VP	<input checked="" type="checkbox"/> Delete
NAME	SHUFELT, DENNIS	
STREET ADDRESS	510 SCENIC ST	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	P	<input type="checkbox"/> Delete
NAME	FARNSWORTH, SUZANNE	
STREET ADDRESS	PO BOX 646	
CITY-ST-ZIP	WEIRSDALE, FL 32195	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, BEE	
STREET ADDRESS	111 E HOLLY ST	
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOLLES, LINDA	
STREET ADDRESS	2117 SUZANNE DR	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWERS, BARBARA	
STREET ADDRESS	10540 SE 145TH ST	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALSOBROOK, SHEILA	
STREET ADDRESS	242 OAKHILL ROAD	
CITY-ST-ZIP	LADY LAKE, FL 32159	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA RAYE	
STREET ADDRESS	11847 OCKLAWAHA DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH FORSTER	
STREET ADDRESS	126 PALO VERDE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA GOODWIN	
STREET ADDRESS	2902 SOUTH ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Linda Bolles LINDA BOLLES

3-7-2007

407 703 1688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #