

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90038 028 ****61.25

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| 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. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03302008 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> 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 | | |
| BOLLES, LINDA 2117 SUZANNE DR MOUNT DORA, FL 32757 | | | Name CARY LEVY Street Address (P.O. Box Number is Not Acceptable) 36533 FRANCIS DR City GRAND ISLAND FL Zip Code 32735 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | <input checked="" type="checkbox"/> Delete | TITLE | Jack Batchelor | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAYE, CYNTHIA | | NAME | 24240 TURKEY LAKE RD | |
| STREET ADDRESS | 11847 OCKLAWAHA DR | | STREET ADDRESS | Howey in the Hills FL 34737 | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | FL 34737 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FARNSWORTH, SUZANNE | | NAME | | |
| STREET ADDRESS | PO BOX 646 | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEIRSDALE, FL 32195 | | CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | Ellen Levy | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORSTER, RUTH | | NAME | 36533 FRANCIS DR | |
| STREET ADDRESS | 126 PALO VERDE | | STREET ADDRESS | GRAND ISLAND FL 32735 | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | T CARY LEVY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLLES, LINDA | | NAME | 36533 FRANCIS DR | |
| STREET ADDRESS | 2117 SUZANNE DR | | STREET ADDRESS | GRAND ISLAND FL 32735 | |
| CITY-ST-ZIP | MOUNT DORA, FL 32757 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GOODWYN, DONNA | | NAME | | |
| STREET ADDRESS | 2902 SOUTH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALSOBROOK, SHEILA | | NAME | | |
| STREET ADDRESS | 242 OAKHILL ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LADY LAKE, FL 32159 | | 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 it 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>Cary Levy</i> CARY LEVY | | | 4/7/2008 352-357-8054 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |