2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737952

City-St-Zip: LADY LAKE, FL 32159

Entity Name: MID-LAKES ORCHID SOCIETY, INC.

FILED Mar 26, 2009 Secretary of State

Current Pr	incipal Place of Business:	New Princ	New Principal Place of Business:	
P.O. BOX 4	ГН 14TH ST. 192204 G, FL 34749		1201 SOUTH 14TH ST. LEESBURG, FL 34749	
Current Mailing Address:		New Mailir	New Mailing Address:	
P.O. BOX 4	TH 14TH ST. 192204 3, FL 34749		1201 SOUTH 14TH ST. LEESBURG, FL 34749	
FEI Number:	FEI Number Applied For() FI	El Number Not Appli	cable (X) Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and	Name and Address of New Registered Agent:	
LEVY, CARY 36533 FRANCIS DR GRAND ISLAND, FL 32735 US		8135 LAKE	JOHNSON, CHRISTINA K 8135 LAKE NELLIE RD CLERMONT, FL 34714 US	
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: CHRISTINA JOHNSON			03/26/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete BATCHELOR, JACK 24240 TURKEY LAKE RD HOWEY IN THE HILLS, FL 34737	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete FARNSWORTH, SUZANNE PO BOX 646 WEIRSDALE, FL 32195	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEVY, ELLEN 36533 FRANCIS DR GRAND ISLAND, FL 32735	
Title: Name: Address: City-St-Zip:	VP () Delete LEVY, ELLEN 36533 FRANCIS DR GRAND ISLAND, FL 32735	Title: Name: Address: City-St-Zip:	D (X) Change () Addition LEVY, CARY 36533 FRANCIS DR GRAND ISLAND, FL 32735	
Title: Name: Address: City-St-Zip:	T () Delete LEVY, CARY 36533 FRANCIS DR GRAND ISLAND, FL 32735	Title: Name: Address: City-St-Zip:	T (X) Change () Addition JOHNSON, CHRISTINA K 8135 LAKE NELLIE RD CLERMONT, FL 34714	
Title: Name: Address: City-St-Zip:	D () Delete GOODWIN, DONNA 2902 SOUTH ST LEESBURG, FL 34748	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BOWERS, BARBARA 10540 SE 145TH ST SUMMERFIELD, FL 34491	
Title: Name: Address:	S () Delete ALSOBROOK, SHEILA 242 OAKHILL ROAD	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHRISTINA JOHNSON T 03/26/2009