

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007953

FILED
Apr 16, 2009
Secretary of State

Entity Name: ORCHID SOCIETY OF CORAL GABLES, INC.

Current Principal Place of Business:

P.O. BOX 560092
MIAMI, FL 332560092

New Principal Place of Business:

6050 SW 27 ST
MIAMI, FL 33155

Current Mailing Address:

P.O. BOX 560092
MIAMI, FL 332560092

New Mailing Address:

6050 SW 27 ST
MIAMI, FL 33155

FEI Number: 65-1063975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDRAN, CLAIRE
7971 SW 122 ST
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: KREMSER, KARL
Address: 12204 SW 109 CT
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: SANFILIPPO, ELEANOR
Address: 8542 SW 102 CT
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: MOREJON, JAVIER
Address: 710 MALAGA AVE
City-St-Zip: CORAL GABLES, FL

Title: S () Delete
Name: RIDGEWAY, LUCY
Address: 1101 COLUMBUS BLVD
City-St-Zip: MIAMI, FL 33134

Title: P () Delete
Name: CLAIRE, SIDRAN
Address: 7971 SW 122 ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KREMSER, KARL
Address: 12204 SW 109 CT
City-St-Zip: MIAMI, FL 33176

Title: TREA (X) Change () Addition
Name: FORBES, JOANN
Address: 6050 SW 27 ST
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Change () Addition
Name: DAVISON, JAMES
Address: 30805 SW 214 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CLAIRE, SIDRAN
Address: 7971 SW 122 ST
City-St-Zip: MIAMI, FL 33156

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.

SIGNATURE: CLAIRE SIDRAN

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date