

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007953

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** ORCHID SOCIETY OF CORAL GABLES, INC.

**Current Principal Place of Business:**

6050 SW 27 ST  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6050 SW 27 ST  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 65-1063975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:** P  
**Name:** DAVISON, JAMES  
**Address:** PO BOX 343573  
**City-St-Zip:** MIAMI, FL 33034

**Title:** TREA  
**Name:** FORBES, JOANN  
**Address:** 6050 SW 27 ST  
**City-St-Zip:** MIAMI, FL 33155

**Title:** VP  
**Name:** DAVISON, MELANA  
**Address:** PO BOX 343573  
**City-St-Zip:** HOMESTEAD, FL 33034

**Title:** S  
**Name:** KOERBER, JILL  
**Address:** 10701 SW 82 CT  
**City-St-Zip:** MIAMI, FL 33156

**Title:** 2VP  
**Name:** CLAIRE, SIDRAN  
**Address:** 7971 SW 122 ST  
**City-St-Zip:** MIAMI, FL 33156

I hereby 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 all other like empowered.

**SIGNATURE:** JOANN FORBES

TREA

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date