


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90019 014 ****61.25

DOCUMENT # N01000005346 1. Entity Name KEY WEST ORCHID SOCIETY, INC.					
Principal Place of Business WEST MARTELLO TOWERS 1100 ATLANTIC BLVD KEY WEST FL 33040			Mailing Address PO BOX 2123 KEY WEST FL 33046		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0650055	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		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	
Florence Bousquet 4 Shore Drive Bay Point, FL 33040				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Florence Bousquet</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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. DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISZKA, JOSEPH R		NAME	Florence Bousquet	
STREET ADDRESS	58 KEY HAVEN RD		STREET ADDRESS	4 Shore Drive	
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP	Bay Point, FL 33040	
TITLE	JVP	<input type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFAHL, JAY		NAME	Clara Liszt	
STREET ADDRESS	1610 PATRICIA ST		STREET ADDRESS	1901 S. Roosevelt Blvd 303E	
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP	Key West, FL 33040	
TITLE	WPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, LOUISE		NAME		
STREET ADDRESS	17035 WAHOO LANE		STREET ADDRESS		
CITY-ST-ZIP	SUGARLOAF FL 33042		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, JOAN		NAME		
STREET ADDRESS	1414 VON PHISTER ST		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Clara Liszt</i></u> <i>Treasurer</i> 1-30-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					