

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90070 039 ****61.25

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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**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0650055

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**LISZKA, JOSEPH R
58 KEY HAVEN RD
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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 Clara Angst (Treasurer) 1901 S Roosevelt Blvd 303E
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Key West FL 33040 1/10-06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUSQET, FLORENCE 4 SHORE DRIVE BAY POINT, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LISZT, CLARA 1901 S. ROOSEVELT BLVD 303E KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREGORY, JOAN 1414 VON PHISTER ST KEY WEST, FL 33040

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #