

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90035 044 \*\*\*\*70.00

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-0650055

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name FLORENCE BOUSQET  
Street Address (P.O. Box Number is Not Acceptable)  
4 SHORE DRIVE  
City Key West  
State FL Zip Code 33040

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

*[Signature: Florence B. Bousquet]* 3/5/07

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BOUSQET, FLORENCE  
STREET ADDRESS 4 SHORE DRIVE  
CITY-ST-ZIP BAY POINT FL 33040

TITLE TR ☐ Delete  
NAME LISZKA, CLARA  
STREET ADDRESS 1901 S. ROOSEVELT BLVD 303E  
CITY-ST-ZIP KEY WEST FL 33040

TITLE SD ☐ Delete  
NAME GREGORY, JOAN  
STREET ADDRESS 1414 VON PHISTER ST.  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Florence B. Bousquet]* 3/5/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Florence B. Bousquet (305) 745-1469