

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N01000005346

1. Entity Name

KEY WEST ORCHID SOCIETY, INC.



FILED

**Mar 06, 2008 8:00 am
Secretary of State**

03-06-2008 90041 008 ****70.00

Principal Place of Business

WEST MARTELLO TOWERS
1100 ATLANTIC BLVD
KEY WEST FL 33040

Mailing Address
G/O Clara Liszt
PO BOX 2123
KEY WEST FL 33046
1901 S Roosevelt Blvd.
303 E
33046

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
Key West
Orchid Society

Suite, Apt. #, etc.

4. FEI Number
59-0650055

City & State

Clara Liszt
Apt. 303E
1901 S Roosevelt Blvd.
Key West, FL 33040-5250

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/07)

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

BOUSQUET
BOUSQUET, FLORENCE
4 SHORE DR.
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Florence B. Bousquet
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Clara Liszt Treasurer

2-23-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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