

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

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

03-06-2008 90041 008 \*\*\*\*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 33040**

**33040**

*410 Clara Liszt  
1901 S Roosevelt Blvd  
303 E*



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

*Key West  
Orchid Society*

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

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

1st MOORE

CR2E037 (10/07)

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

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

7. Name and Address of New Registered Agent

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

*Shane B Bousquet*

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

(NOTE: Registered Agent signature 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BOUSQUET, FLORENCE	
STREET ADDRESS	4 SHORE DRIVE	
CITY- ST- ZIP	BAY POINT FL 33040	
TITLE	TR	<input type="checkbox"/> Delete
NAME	LISZT, CLARA	
STREET ADDRESS	1901 S. ROOSEVELT BLVD 303E	
CITY- ST- ZIP	KEY WEST FL 33040	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREGORY, JOAN	
STREET ADDRESS	1414 VON PHISTER ST	
CITY- ST- ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Clara Liszt* *Treasurer*

*2-23-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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