

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005346

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** KEY WEST ORCHID SOCIETY, INC.

**Current Principal Place of Business:**

WEST MARTELLO TOWERS  
1100 ATLANTIC BLVD  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CLARA LISZT  
1901 S. ROOSEVELT BLVD, APT. 303E  
KEY WEST, FL 330405250

**New Mailing Address:**

**FEI Number:** 59-0650055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, GREG  
4 SHORE DR.  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCOTT, GREG  
Address: 635 IXORA DRIVE  
City-St-Zip: BIG PINE KEY, FL 33040 US

Title: VP  
Name: PHAL, JAY  
Address: 1610 PATRICIA ST  
City-St-Zip: KEY WEST, FL 33040

Title: SD  
Name: GREGORY, JOAN  
Address: 1414 VON PHISTER ST  
City-St-Zip: KEY WEST, FL 33040 US

Title: TR  
Name: LISZT, CLARA  
Address: 1901 S.ROOSEVELT BLVD 303E  
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLARA LISZT

TREA

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date