

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009244

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: SARASOTA ORCHID SOCIETY, INC.

**Current Principal Place of Business:**

19780 COBBLESTONE CIRCLE  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

19780 COBBLESTONE CIRCLE  
VENICE, FL 34292

**New Mailing Address:**

FEI Number: 20-0577520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KOKIN, MONROE  
19780 COBBLESTONE CIRCLE  
VENICE, FL 34292 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: O ( ) Delete  
Name: STONER, LAURIE  
Address: 5648 COUNTRY LAKES DR  
City-St-Zip: SARASOTA, FL 34232

Title: O ( ) Delete  
Name: KOKIN, MONROE J  
Address: 19780 COBBLESTONE CIR  
City-St-Zip: VENICE, FL 34292

Title: O ( ) Delete  
Name: KOKIN, LINDA M  
Address: 19780 COBBLESTONE CIR  
City-St-Zip: VENICE, FL 34292

Title: S ( ) Delete  
Name: LANGDON, CAROLYN  
Address: 7316 ARROWHEAD RUN  
City-St-Zip: BRADENTON, FL 34202

Title: S ( ) Delete  
Name: WERLINICH, SALLY  
Address: 5236 CAPE LEYTE DR  
City-St-Zip: SARASOTA, FL 34242

Title: M ( ) Delete  
Name: DAVIS, JO  
Address: 4626 MURDOCK AVE  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONROE J KOKIN

MR

02/18/2009

Electronic Signature of Signing Officer or Director

Date