

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012407

FILED
Apr 06, 2009
Secretary of State

Entity Name: ORCHID SOCIETY HIGHLANDS, INC.

Current Principal Place of Business:

221 LAKERIM COURT
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

221 LAKERIM COURT
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-0478366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, DEVON P
120 SOUTH ANOKA AVENUE
AVON PARK, FL 33825 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 () Delete
Name: FABIK, EDWARD
Address: 221 LAKERIM COURT
City-St-Zip: LAKE PLACID, FL 33852

Title: VP () Delete
Name: ROSS, BILL
Address: 1110 SYCAMORE ST
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: EWBANK, BARBARA
Address: 9230 BRIDAL PATH
City-St-Zip: SEBRING, FL 33872

Title: T () Delete
Name: MILLER, BETSY
Address: 146 LAKE DRIVE BLVD
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: THOMPSON, LORETTA
Address: PO BOX 1558
City-St-Zip: SEBRING, FL 33871

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

Title: T (X) Change () Addition
Name: LEY, JACK
Address: 4405 VANTAGE CIRCLE
City-St-Zip: SEBRING, FL 33872

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: EDWARD FABIK

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date