2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704918

Entity Name: JACKSONVILLE ORCHID SOCIETY

Current Principal Place of Business:

509 CARAWAY COURT ST JOHNS, FL 32259

Current Mailing Address:

509 CARAWAY COURT ST JOHNS, FL 32259 US

FEI Number: 84-3963035

Name and Address of Current Registered Agent:

CAVIN, MARGARET 3611 RICHMOND ST JACKSONVILLE, FL 32205 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER	
Name	RASMUSSEN, LOIS	Name	RASMUSSEN, ROBERT SCOTT	
Address	509 CARAWAY COURT	Address	509 CARAWAY COURT	
City-State-Zip:	SAINT JOHNS FL 32259	City-State-Zip:	SAINT JOHNS FL 32259	
Title	SECOND VICE PRESIDENT	Title	SECRETARY	
Name	DOUGHERTY, JACKIE	Name	COURTNEY, DEBORAH	
Address	12962 BRIANS CREEK DRIVE	Address	228 MYRA STREET	
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	NEPTUNE BEACH FL 32266	
Title	DIRECTOR	Title	FIRST VICE PRESIDENT	
Title Name	DIRECTOR ENGLE, ROGER	Title Name	FIRST VICE PRESIDENT CONOVER, LORRAINE	
Name	ENGLE, ROGER	Name	CONOVER, LORRAINE	
Name Address	ENGLE, ROGER 2679 CARLISLE COURT	Name Address	CONOVER, LORRAINE 677 SPANISH WAY	
Name Address City-State-Zip:	ENGLE, ROGER 2679 CARLISLE COURT ORANGE PARK FL 32065	Name Address City-State-Zip:	CONOVER, LORRAINE 677 SPANISH WAY JACKSONVILLE FL 32034	
Name Address City-State-Zip: Title	ENGLE, ROGER 2679 CARLISLE COURT ORANGE PARK FL 32065 DIRECTOR	Name Address City-State-Zip: Title	CONOVER, LORRAINE 677 SPANISH WAY JACKSONVILLE FL 32034 DIRECTOR	
Name Address City-State-Zip: Title Name	ENGLE, ROGER 2679 CARLISLE COURT ORANGE PARK FL 32065 DIRECTOR PEPPARD, CHRISTIE	Name Address City-State-Zip: Title Name	CONOVER, LORRAINE 677 SPANISH WAY JACKSONVILLE FL 32034 DIRECTOR ROADRUCK, CHRISTINA 12887 PLUMMER GRANT ROAD	

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: ROBERT SCOTT RASMUSSEN

TREASURER

04/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Date