

2020 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAVIN, MARGARET
3611 RICHMOND ST
JACKSONVILLE, FL 32205 US

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

Officer/Director Detail :

Title PRESIDENT
Name RASMUSSEN, LOIS
Address 509 CARAWAY COURT
City-State-Zip: SAINT JOHNS FL 32259

Title TREASURER
Name RASMUSSEN, ROBERT SCOTT
Address 509 CARAWAY COURT
City-State-Zip: SAINT JOHNS FL 32259

Title SECOND VICE PRESIDENT
Name CAVIN, ERIC
Address 3611 RICHMOND STREET
City-State-Zip: JACKSONVILLE FL 32205

Title SECRETARY
Name COURTNEY, DEBORAH
Address 228 MYRA STREET
City-State-Zip: NEPTUNE BEACH FL 32266

Title DIRECTOR
Name ENGLE, ROGER
Address 2679 CARLISLE COURT
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR
Name CONOVER, LORRAINE
Address 677 SPANISH WAY
City-State-Zip: JACKSONVILLE FL 32034

Title DIRECTOR
Name RUSSELL, ART
Address 1811 NORWAY DRIVE
City-State-Zip: FLEMING ISLAND FL 32003

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: LOIS D. RASMUSSEN

PRESIDENT

01/02/2020

Electronic Signature of Signing Officer/Director Detail

Date