

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704918

**FILED  
Apr 26, 2018  
Secretary of State  
CC4856359728**

**Entity Name:** JACKSONVILLE ORCHID SOCIETY

**Current Principal Place of Business:**

3611 RICHMOND ST  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

3611 RICHMOND ST  
JACKSONVILLE, FL 32205

**FEI Number:** 59-2138734

**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            MCELROY, HARRY  
Address        12010 HOOD LANDING RD.  
City-State-Zip: JACKSONVILLE FL 32258

Title            VP  
Name            RASMUSSEN, LOIS  
Address        509 CARAWAY CT.  
City-State-Zip: ST. JOHNS FL 32259

Title            VP  
Name            RUSSELL, ART  
Address        1811 NORWAY DR.  
City-State-Zip: ORANGE PARK FL 32003

Title            TREASURER  
Name            SCHWAB, STACEY  
Address        PO BOX 57732  
City-State-Zip: JACKSONVILLE FL 32241

*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:** HARRY MCELROY

**PRESIDENT**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date