2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713878

Entity Name: MARTIN COUNTY ORCHID SOCIETY, INC.

Current Principal Place of Business:

1001 S KANNER HWY STUART, FL 34997

Current Mailing Address:

PO BOX 3211 STUART, FL 34994 US

FEI Number: 59-1206749

Name and Address of Current Registered Agent:

NICKERSON, DAVID 6687 SE SILVERBELL AVE STUART, FL 34997 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	DAVID NICKERSON			01/06/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	т	Title	VP	
Name	SPEEDY, NANCY	Name	HENDRON, KATHRYN	
Address	4110 SE OLD ST LUCIE BLVD	Address	2020 HOYA CALLE	
City-State-Zip:	STUART FL 34996	City-State-Zip:	JENSEN BEACH FL 34957	
Title	PRESIDENT	Title	VP	
Name	NICKERSON, DAVID	Name	BROADWELL, CAROLYN	
Address	6687 SE SILVERBELL AVE	Address	1001 S KANNER HWY	
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997	
Title	SECRETARY	Title	PAST PRESIDENT	
Name	SCHOLEY, PAM	Name	WELAND, JOHN	
Address	2001 SE GIFFEN AVE	Address	3418 SW COCO PALM DR	
City-State-Zip:	PSL FL 34952	City-State-Zip:	PALM CITY FL 34990	
Title	DIRECTOR	Title	TRUSTEE	
Name	KOSLOSKI, SARAH	Name	SMITH, ANNETTE	
Address	8945 SE BAHAMA CIRCLE	Address	6947 SE SOURWOOD DRIVE	
City-State-Zip:	HOBE SOUND FL 33455	City-State-Zip:	STUART FL 34997	
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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: DAVID NICKERSON

PRESIDENT

01/06/2022

Electronic Signature of Signing Officer/Director Detail

FILED Jan 06, 2022 Secretary of State 4181519014CC

Officer/Director Detail Continued :

Title	TRUSTEE	Title	TRUSTEE
Name	PARRISH, WAYNE	Name	OCHS, JANE
Address	6431 SE WINDSONG LANE	Address	8372 SE MAGNOLIA LANE
City-State-Zip:	STUART FL 34997	City-State-Zip:	HOBE SOUND FL 33455
Title	DIRECTOR		

Address 1001 S KANNER HWY

MORRIS, DIANA

Name

City-State-Zip: STUART FL 34997