

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730962

**Entity Name:** FLORIDA ORNITHOLOGICAL SOCIETY, INC.**Current Principal Place of Business:**DIV. OF BIRDS, FL MUS NAT HIS  
UNIVERSITY OF FLORIDA  
GAINESVILLE, FL 32611**Current Mailing Address:**1281 SW KALEVALA DRIVE  
PORT ST LUCIE, FL 34953 US**FEI Number:** 59-1869360**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPARLING, VALERIE  
1281 SW KALEVALA DRIVE  
PORT ST LUCIE, FL 34953 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:** VALERIE SPARLING

04/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name           SPARLING, VALERIE  
Address        1281 SW KALEVALA DRIVE  
City-State-Zip: PORT ST LUCIE FL 34953

Title            PRESIDENT  
Name           PAUL, ANN  
Address        4928 BARNSTEAD DRIVE  
City-State-Zip: RIVERVIEW FL 33578

Title            VP  
Name           BIGGS, WES  
Address        PO BOX 7161  
City-State-Zip: SEBRING FL 33872-0103

Title            SECRETARY  
Name           MILCARSKY, JUDITH  
Address        6017 PARK RIDGE ROAD  
City-State-Zip: PORT ORANGE FL 32127

Title            BOARD MEMBER  
Name           FERRO, CHRISTOPHER  
Address        2607 PEPPER AVE  
City-State-Zip: MELBOURNE FL 32935

Title            BOARD MEMBER  
Name           COOK, KARA  
Address        8129 BILSTON VILLAGE LN  
City-State-Zip: GIBSONTON FL 33534

Title            BOARD MEMBER  
Name           COX, JIM  
Address        1503 WEKEWA NENE  
City-State-Zip: TALLAHASSEE FL 32301

Title            BOARD MEMBER  
Name           KOROSY, MARIANNE  
Address        1048 COE LANDING ROAD  
City-State-Zip: TALLAHASSEE FL 32310

**Continues on page 2**

*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:** VALERIE SPARLING

TREASURER

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           BOARD MEMBER  
Name           GOODWIN, DAVE  
Address        807 WOODCARVER LANE  
City-State-Zip: BRANDON FL 33510

Title           BOARD MEMBER  
Name           HOCH, JON  
Address        7316 CR647C E  
City-State-Zip: BUSHNELL FL 33513