

**2023 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

04/09/2023

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           GRAY, MARY MACK  
Address       1909 SHERWOOD DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

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

Title           BOARD MEMBER  
Name           FORYS, ELIZABETH  
Address       ECKERD COLLEGE  
                 4200 54TH AVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33711

Title           BOARD MEMBER  
Name           ANDERSON, RINDY  
Address       FAU DEPT. OF BIOLOGICAL  
                 SCIENCES  
                 3200 COLLEGE AVE DAVIE WEST  
                 BLDG RM 334/336  
City-State-Zip: DAVIE FL 33314

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

04/09/2023

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