

2020 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:**4950 W KENNEDY BLVD STE 610
TAMPA, FL 33609 US**FEI Number:** 59-1869360**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FISHER, CHARLES H JR.
4950 W KENNEDY BLVD STE 610
TAMPA, FL 33609 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:** CHARLES H FISHER JR

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name FISHER, CHARLES H JR.
Address 4950 W KENNEDY BLVD STE 610
City-State-Zip: TAMPA FL 33609

Title D
Name SPILIOS, KEN W
Address 8676 E MOCCASIN SLOUGH ROAD
City-State-Zip: INVERNESS FL 34450

Title V
Name GRAY, MARY MACK
Address 1812 HIGH ROAD
City-State-Zip: TALLAHASSEE FL 32312

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

Title E
Name ROBINSON, SCOTT K
Address 8936 SW 11TH AVE
City-State-Zip: GAINESVILLE FL 32607

Title D
Name KENT, ADAM M
Address 222 SE 12TH STREET
City-State-Zip: GAINESVILLE FL 32641

Title D
Name MONTE, PETER
Address 1021 NE 13TH PLACE
City-State-Zip: GAINESVILLE FL 32601

Title D
Name O'MALLEY, DAN
Address 8535 NORTHLAKE BLVD
City-State-Zip: WEST PALM BEACH FL 33412

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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: CHARLES H FISHER JR**TREASURER**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title D
Name DOYLE, ADRIENNE
Address 1239 SW 10TH STREET
City-State-Zip: OCALA FL 34471

Title D
Name WILCOX, MICHELLE
Address 1470 4TH CT
City-State-Zip: VERO BEACH FL 32960

Title P
Name COX, JAMES A
Address 1503 WEKEWA NENE
City-State-Zip: TALLAHASSEE FL 32312