

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000658

**FILED**  
**Mar 05, 2019**  
**Secretary of State**  
**7757823440CC**

**Entity Name:** THE RIDGE ORCHID SOCIETY INC

**Current Principal Place of Business:**

823 WOODMONT LANE  
LAKELAND, FL 33813

**Current Mailing Address:**

C/O JACKIE SCHWARTZ  
823 WOODMONT LANE  
LAKELAND, FL 33813 US

**FEI Number:** 26-1813001

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHWARTZ, JACQUELINE C  
823 WOODMONT LANE  
LAKELAND, FL 33813 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:** JACQUELINE C SCHWARTZ

03/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name EMIG, KEITH  
Address 143 ALACHUA DR  
City-State-Zip: WINTER HAVEN FL 33823

Title VP  
Name SCHAUT, MARLIESE  
Address 169 WINTERLAKE DR  
City-State-Zip: LAKE ALFRED FL 33850

Title OFFICER  
Name HAUG, CAROLYN  
Address 1619 LAWTON LANE  
City-State-Zip: LAKELAND FL 33813

Title SEC  
Name THORNHILL, MARY  
Address P O BOX 2914  
City-State-Zip: WINTER HAVE FL 33883

Title TREA  
Name SCHWARTZ, JACQUELINE  
Address 823 WOODMONT LANE  
City-State-Zip: LAKELAND FL 33813

Title OFFICER  
Name SMITH , LUKE  
Address 312 BOGER BLVD  
City-State-Zip: LAKELAND FL 33803

*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:** JACQUELINE SCHWARTZ

**TREASURER**

03/05/2019

Electronic Signature of Signing Officer/Director Detail

Date