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

City-State-Zip: LAKELAND FL 33813

Electronic Signature of Signing Officer/Director Detail

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

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			01/23/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRES	Title	VP	
Name	GARY, GLEN	Name	EMIG, KEITH	
Address	749 JOHNSON AVE	Address	143 ALACHUA DRIVE	
City-State-Zip:	LAKELAND FL 33801	City-State-Zip:	WINTER HAVE FL 33884	
Title	VP	Title	SEC	
Name	THORNHILL, BRUCE	Name	THORNHILL, MARY	
Address	P O BOX 2914	Address	P O BOX 2914	
City-State-Zip:	WINTER HAVEN FL 33883	City-State-Zip:	WINTER HAVE FL 33883	
Title	TREA			
Name	SCHWARTZ, JACQUELINE			
Address	823 WOODMONT LANE			

TREASURER 01/23/2017

FILED Jan 23, 2017 Secretary of State CC4237540074

Certificate of Status Desired: No

Date