

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006360

Entity Name: ST. AUGUSTINE ORCHID SOCIETY, INC.

Current Principal Place of Business:

6916 CYPRESS LAKE COURT
ST AUGUSTINE, FL 32086

Current Mailing Address:

6916 CYPRESS LAKE COURT
ST. AUGUSTINE, FL 32086 US

FEI Number: 86-1166211

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOTTOM, SUE
6916 CYPRESS LAKE COURT
ST. AUGUSTINE, FL 32086 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: SUE BOTTOM

01/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name SULLIVAN, TOM
Address 91 PHEASANT DRIVE
City-State-Zip: PALM COAST FL 32164

Title VP
Name BOTTOM, SUSAN
Address 6916 CYPRESS LAKE COURT
City-State-Zip: ST AUGUSTINE FL 32086

Title VP
Name BATCHELDER, DIANNE
Address 728 OLD LOGGERS WAY
City-State-Zip: ST AUGUSTINE FL 32086

Title VP
Name CROFT, JANIS
Address 8311 C.R. 208
City-State-Zip: ST AUGUSTINE FL 32092

Title T
Name GOURLEY, WILLIAM
Address 807 KALLI CREEK LANE
City-State-Zip: ST AUGUSTINE FL 32080

Title DIR
Name SCHIMMEL, BOB
Address 702 WILKES COURT
City-State-Zip: ST. AUGUSTINE FL 32086

Title VP
Name STEWART, LINDA
Address 342 CRACKER SWAMP DIRT ROAD
City-State-Zip: EAST PALATKA FL 32131

Title DIR
Name MAYO, CATHY
Address 111 COCONUT STREET
City-State-Zip: POMONA PARK FL 32181

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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: SUSAN BOTTOM

VP

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIR
Name BRANDT, DEBRA
Address 349 TROPICAL LANE
City-State-Zip: ORMOND BEACH FL 32174