

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006360

**Entity Name:** ST. AUGUSTINE ORCHID SOCIETY, INC.**Current Principal Place of Business:**807 KALLI CREEK LANE  
ST AUGUSTINE, FL 32080**Current Mailing Address:**807 KALLI CREEK LANE  
ST AUGUSTINE, FL 32080 US**FEI Number:** 86-1166211**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOURLEY, WILLIAM  
807 KALLI CREEK LANE  
ST AUGUSTINE, FL 32080 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:** WILLIAM GOURLEY

01/23/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name SCHIMMEL, ROBERT  
Address 702 WILKES COURT  
City-State-Zip: ST AUGUSTINE FL 32086

Title 1VP  
Name BOTTOM, SUSAN  
Address 6916 CYPRESS LAKE COURT  
City-State-Zip: ST AUGUSTINE FL 32086

Title 2VP  
Name SCHIMMEL, YVONNE  
Address 702 WILKES COURT  
City-State-Zip: ST AUGUSTINE FL 32086

Title S  
Name STARK, LOLA  
Address 3136 COUNTRY CREEK LANE  
City-State-Zip: ST AUGUSTINE FL 32086

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

Title DIR  
Name HALYBURTON, PENNY  
Address 4228 WICKS BRANCH ROAD  
City-State-Zip: ST AUGUSTINE FL 32086

*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:** WILLIAM GOURLEY

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01/23/2014

Electronic Signature of Signing Officer/Director Detail

Date