

2015 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

01/14/2015

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

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

Title S
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 COLEE, MARY
Address 855 OAK RIDGE 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 T GOURLEY

TREASURER

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date