

**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

**Continues on page 2**

*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