

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002425

**Entity Name:** KOI SOCIETY, INC.

**Current Principal Place of Business:**

5550 FORT DENAUD ROAD  
FORT DENAUD, FL 33935

**Current Mailing Address:**

5550 FORT DENAUD ROAD  
FORT DENAUD, FL 33935 US

**FEI Number:** 45-5513935

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PORTER, WILLIAM  
5550 FORT DENAUD ROAD  
FORT DENAUD, FL 33935 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name PORTER, WILLIAM  
Address 5550 FORT DENAUD ROAD  
City-State-Zip: FORT DENAUD FL 33935

Title T  
Name PORTER, LUANNE  
Address 5550 FORT DENAUD ROAD  
City-State-Zip: FORT DENAUD FL 33935

Title T  
Name CULPEPPER, HENRY  
Address 2054 KENSINGTON RUN DRIVE  
City-State-Zip: ORLANDO FL 32828

Title TRUSTEE  
Name CHILDERS, CHERYL  
Address 5550 FORT DENAUD ROAD  
City-State-Zip: FORT DENAUD FL 33935

Title DIRECTOR  
Name WICKER, ROBERT  
Address 2215 WRENWOOD POND COURT  
City-State-Zip: CHARLOTTE NC 28211

Title DIRECTOR  
Name ELMORE, GARY  
Address 2421 EDGE HILL DRIVE  
City-State-Zip: SNELLVILLE GA 30078

*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:** LUANNE PORTER

**DIRECTOR**

**04/29/2017**

Electronic Signature of Signing Officer/Director Detail

Date