

2014 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:

BOX 2020
LABELLE, FL 33975

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 BOX 2020
City-State-Zip: LABELLE FL 33975

Title T
Name PORTER, LUANNE
Address BOX 2020
City-State-Zip: LABELLE FL 33975

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

Title T
Name WHITE, JOE
Address 819 HEWITT DRIVE
City-State-Zip: PORT ORANGE FL 32127

Title T
Name WHITE, SHERRI
Address 819 HEWITT DRIVE
City-State-Zip: PORT ORANGE FL 32127

Title TRUSTEE
Name CHILDERS, CHERYL
Address BOX 2020
City-State-Zip: LABELLE FL 33975

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

TRUSTEE

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date