

**2023 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	CULPEPPER, HENRY
Address	2054 KENSINGTON RUN DRIVE
City-State-Zip:	ORLANDO FL 32828
Title	DIRECTOR
Name	WICKER, ROBERT
Address	2215 WRENWOOD POND COURT
City-State-Zip:	CHARLOTTE NC 28211

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

**TRUSTEE**

**04/17/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date