## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002425

Entity Name: KOI SOCIETY, INC.

Apr 29, 2016 Secretary of State CC6960067671

**FILED** 

# **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 Title

Name PORTER, WILLIAM Name PORTER, LUANNE

Address 5550 FORT DENAUD ROAD Address 5550 FORT DENAUD ROAD

City-State-Zip: FORT DENAUD FL 33935

City-State-Zip: FORT DENAUD FL 33935

Title T Title T

Name CULPEPPER, HENRY Name WHITE, JOE

Address 2054 KENSINGTON RUN DRIVE Address 819 HEWITT DRIVE

City-State-Zip: ORLANDO FL 32828 City-State-Zip: PORT ORANGE FL 32127

Title T Title TRUSTEE

Name WHITE, SHERRI Name CHILDERS, CHERYL

Address 819 HEWITT DRIVE Address 5550 FORT DENAUD ROAD

City-State-Zip: PORT ORANGE FL 32127 City-State-Zip: FORT DENAUD FL 33935

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 B PORTER

Electronic Signature of Signing Officer/Director Detail

TRUSTEE

04/29/2016