

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005815

Entity Name: PORT ST. LUCIE ORCHID SOCIETY, INC.**Current Principal Place of Business:**926 SE CARAVAN AVE
PORT ST LUCIE, FL 34983**Current Mailing Address:**P.O. BOX 8421
PORT ST LUCIE, FL 34985 US**FEI Number:** 65-0727135**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHECHTER, STUART
175 NE FATIMA TERRACE
PORT SAINT LUC, FL 34983 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:** STUART SCHECHTER

01/11/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DEMARCO, DANA
Address 926 SE CARAVAN AVENUE
City-State-Zip: PORT ST LUCIE FL 34983

Title VP
Name LAWSON, JAMIE
Address 3900 CANAL DRIVE
City-State-Zip: SEBASTIAN FL 32976

Title 2VP
Name ROTHSCHILD, NANETTE
Address 11761 SW MOUNTAIN ASH CIRCLE
City-State-Zip: PORT SAINT LUCIE FL 34983

Title SECRETARY
Name LENARTIENE, DIANA
Address 3217 NW CURTIS STREET
City-State-Zip: PORT ST LUCIE FL 34983

Title TREASURER
Name SCHECHTER, STUART
Address 175 NE FATIMA TERRACE
City-State-Zip: PORT SAINT LUCIE FL 349831208

Title CORRESPONDING SECRETARY
Name FARMER, CAROL
Address 642 NW VENETTO CT.
City-State-Zip: PORT ST LUCIE FL 34986

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: STUART SCHECHTER

TREASURER

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date