

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005815

Entity Name: PORT ST. LUCIE ORCHID SOCIETY, INC.**Current Principal Place of Business:**2410 SE WESTMORELAND BLVD
PORT ST LUCIE, FL 34952**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:**WADE, LAURIE
2505 SE GOWIN DR
PORT ST LUCIE, FL 34952 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:** LAURIE WADE

01/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ERICKSON, JOHN
Address 4310 SE BRITTNEY CIRCLE
City-State-Zip: PORT ST LUCIE FL 34952

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 317 NW CURTIS ST
City-State-Zip: PORT ST LUCIE FL 34983

Title TREASURER
Name WADE, LAURIE
Address 2505 SE GOWIN DR
City-State-Zip: PORT SAINT LUCIE FL 34952

Title CORRESPONDING SECRETARY
Name DEMARCO, DANA
Address 926 SE CARAVAN AVE
City-State-Zip: PORT ST LUCIE FL 34983

Title 1VP
Name HEITFELD, ANDREA
Address 1573 SE PRATT ST
City-State-Zip: PORT ST LUCIE FL 34983

Title MEMBERSHIP CHAIR
Name MENASSIAN, ANNE
Address 717 NW MOSSY OAK WAY
City-State-Zip: JENSEN BEACH FL 34957

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: LAURIE WADE**TREASURER**

01/09/2023

Electronic Signature of Signing Officer/Director Detail

Date