

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000514

Entity Name: BONES SOCIETY OF FLORIDA, INC.**Current Principal Place of Business:**17503 MALLARD COURT
LUTZ, FL 33559**Current Mailing Address:**17503 MALLARD COURT
LUTZ, FL 33559**FEI Number:** 65-0808663**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBBE, FRASER C
17503 MALLARD COURT
LUTZ, FL 33559 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	VP
Name	MASON, SHANNA
Address	9077 SOUTH FEDERAL HIGHWAY
City-State-Zip:	PORT ST LUCIE FL 34952

Title	TREASURER
Name	JOYCE, KEVIN
Address	25 WEST CRYSTAL LAKE STREET, STE 200
City-State-Zip:	ORLANDO FL 32806

Title	SECRETARY
Name	O'LEARY, M. LYNN
Address	10131 W. COLONIAL DRIVE, STE 20
City-State-Zip:	OCOE FL 34761

Title	PRESIDENT
Name	FOX, M ROBIN
Address	8350 RIVERWALK PARK BLVD, STE 1
City-State-Zip:	FORT MYERS FL 33919

Title	PAST PRESIDENT
Name	SHIPMAN, MARTIN
Address	3334 CAPITAL MEDICAL BLVD, STE 400
City-State-Zip:	TALLAHASSEE FL 32317

Title	ED
Name	COBBE, FRASER C
Address	17503 MALLARD COURT
City-State-Zip:	LUTZ FL 33559

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: FRASER COBBE**EXECUTIVE DIRECTOR****04/09/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date