

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003186

Entity Name: MID-FLORIDA PHILATELIC SOCIETY, INC.**Current Principal Place of Business:**452 DRAGE DRIVE
APOPKA, FL 32703**Current Mailing Address:**452 DRAGE DRIVE
APOPKA, FL 32703 US**FEI Number:** 59-3734845**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ARCHBOLD, JAMES L
452 DRAGE DRIVE
APOPKA, FL 32703 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:** JAMES L. ARCHBOLD

01/18/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, AND CONTACT
PERSON
Name ARCHBOLD, JAMES L.
Address 452 DRAGE DRIVE
City-State-Zip: APOPKA FL 32703

Title DIRECTOR
Name GUFFAIN, CARLOS
Address 1449 AMARYLLIS CIRCLE
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR
Name SCHUMACHER, MIKE
Address 21635 REGENCY PARK LANE
City-State-Zip: LEESBURG FL 34748

Title SECRETARY
Name BOROFKY, MEL
Address 101 WEST STERLING WAY
City-State-Zip: LEESBURG FL 32788

Title PRESIDENT
Name PATRICK , A. STEPHEN
Address P.O. BOX 1206
City-State-Zip: APOPKA FL 32768-1206

Title DIRECTOR
Name COHEN, RICHARD L.
Address 3627 SUPREME COURT
City-State-Zip: APOPKA FL 32703

Title VP
Name COONEY, JAMES H.
Address 2112 FOREST CIRCLE
City-State-Zip: ORLANDO FL 32803

Title VP
Name FISHER, ROBERT
Address 621 GLEN GROVE LANE
City-State-Zip: EDGEWOOD FL 32839

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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: JAMES L. ARCHBOLD

TREASURER

01/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PERRY, GENE
Address	870 TUMBLEWEED LANE
City-State-Zip:	CASSELBERRY FL 32707