

**2016 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

01/24/2016

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           PRESIDENT  
Name           FERGUSON, FRANCIS  
Address       P.O. BOX 1206  
City-State-Zip: APOPKA FL 32768-1206

Title           DIRECTOR  
Name           STREETER, BONNIE  
Address       110 BETHEL OAKS DRIVE  
City-State-Zip: DELTONA FL 32738

Title           DIRECTOR  
Name           ZAMBON, DAVID  
Address       901 WOODGATE TERRACE  
City-State-Zip: LONGWOOD FL 32750

Title           DIRECTOR  
Name           STROBEL, STEPHEN L.  
Address       17701 WEST PHIL C PETERS ROAD  
City-State-Zip: WINTER GARDEN FL 34787

Title           VP  
Name           PATRICK, STEPHEN  
Address       2729 CLOUDCROFT DR  
City-State-Zip: APOPKA FL 32703

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

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

**Continues on page 2**

*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. ARCHBOLDTREASURER/CONTACT  
PERSON

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	KULP, NEWTON
Address	2257 FILLMORE AVENUE
City-State-Zip:	DELTONA FL 32725