

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006160

FILED
Mar 23, 2021
Secretary of State
5932628017CC

Entity Name: THE HENRY NEHRLING SOCIETY, INC.

Current Principal Place of Business:

2267 HEMPEL AVENUE
BOX 884
GOTHA, FL 34734

Current Mailing Address:

PO BOX 884
GOTHA, FL 34734

FEI Number: 59-3617338

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEEMIS, RALPH B.
889 LAKE MARION DRIVE
ALTAMONTE SPRINGS, FL 32701 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: RALPH B. LEEMIS

03/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WITHERS, ANGELA
Address 712 MAIN STREET
City-State-Zip: WINDERMERE FL 34786

Title VPD2
Name VOLZ, DAVID
Address 140 MILEHAM DRIVE
City-State-Zip: ORLANDO FL 32835

Title TREASURER
Name SNYDER, ROB
Address 702 CASCADING CREEK LANE
City-State-Zip: WINTER GARDEN FL 34787

Title VPD1/GRANT WRITER
Name SCHRETZMANN-MYERS, THERESA
Address 2713 TRYON PLACE
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name NEFF, MIKE
Address P.O. BOX 165
2037 HEMPLE AVENUE
City-State-Zip: GOTHA FL 34734

Title RECORDING SECRETARY
Name WALKER, CAROLINE
Address 9816 MORTON JONES ROAD
City-State-Zip: GOTHA FL 34734

Title DIRECTOR
Name LEEMIS, RALPH
Address 889 LAKE MARION DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name BURTRAM, JODY
Address 1734 MAPLE LEAF DRIVE
City-State-Zip: WINDERMERE FL 34786

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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: ANGELA M. WITHERS

PRESIDENT

03/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOLMES, KASSY
Address 2121 LILYPAD LANE
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name LYONS, GIORDANA
Address 3527 FURLONG WAY
City-State-Zip: GOTHA FL 34734

Title FINANCIAL SECRETARY
Name KASSABI, ANNE-MARIE
Address 422 DREXEL RIDGE CIRCLE
City-State-Zip: OCOEE FL 34761

Title ASSOCIATE DIRECTOR
Name CORNELL, JARRED
Address 8628 VISTA LAKE LANE
City-State-Zip: ORLANDO FL 32821