

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006160

**Entity Name:** THE HENRY NEHRLING SOCIETY, INC.

**Current Principal Place of Business:**

2267 HEMPEL AVENUE  
BOX 884  
GOTHA, FL 34734

**FILED**  
**Feb 12, 2020**  
**Secretary of State**  
**4989421613CC**

**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:**

DECKER, NANCY PHD  
789 NIGHT OWL LANE  
WINTER SPRINGS, FL 32708 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 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 FINANCIAL SECRETARY  
Name BARRETT, CAROL  
Address 12038 WINDSTONE STREET  
City-State-Zip: WINTER GARDEN FL 34787

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

Title VPD1/GRANT WRITER  
Name SCHRETMANN-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

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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 WITHERS**

**PRESIDENT**

**02/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name NEHRLING , RICHARD  
Address 13866 PLEASANT VALLEY DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

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