

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006160

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC2157921617**

**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:**

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 LAKE, PERNILLE  
Address 1244 BELFIORE WAY  
City-State-Zip: WINDERMERE FL 34786

Title TREASURER  
Name YEAGER, STEVE  
Address 105 PALM STREET  
City-State-Zip: WINDERMERE FL 34786

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

Title CORRESPONDING SECRETARY  
Name RALPH, JILL  
Address 4915 KENSINGTON PARK BLVD.  
City-State-Zip: ORLANDO FL 32819

*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: THERESA SCHRETMANN-MYERS**

**FIRST VICE-PRESIDENT**

**02/26/2015**

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

\_\_\_\_\_  
Date