

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006160

**FILED**  
**Jan 25, 2023**  
**Secretary of State**  
**9424080255CC**

**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**

**01/25/2023**

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 DIRECTOR  
Name VELVIKIS, CAROLINE  
Address 1756 FULLERS OAK LOOP  
City-State-Zip: WINTER GARDEN FL 34787

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 WITHERS**

**PRESIDENT**

**01/25/2023**

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

Title DIRECTOR  
Name BLOODGOOD, MARY  
Address 5526 BAYBROOK AVENUE  
City-State-Zip: ORLANDO FL 32819