2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2017
Secretary of State
CC0986119394

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Entity Name: ORANGE BLOSSOM BLUES SOCIETY, INC.

Current Principal Place of Business:

3104 SOUTH PARK AVE
SANFORD, FL 32773

Current Mailing Address:

P. O. BOX 533836
ORLANDO, FL 32853-3836

FEI Number: 20-2019204

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORANGE BLOSSOM BLUES SOCIETY, INC.
4851 LAKE SHORE DR
ST CLOUD, FL 34772 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: DEBORAH KIMBLE 03/21/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	BOWERS, CATHY A
Address	3104 S PARK AVE
City-State-Zip:	SANFORD FL 32773

Title	TREASURER
Name	KIMBLE, DEBORAH
Address	4851 LAKE SHORE DR
City-State-Zip:	ST. CLOUD FL 34772

Title	EVENTS COORDINATOR
Name	WALLER, JERRY
Address	4001 SUMMER WIND DR
City-State-Zip:	WINTER PARK FL 32792

Title	VP
Name	WILLEY, JEFFREY S
Address	301 KIWAMS CIRCLE
City-State-Zip:	CHULUOTA FL 32766

Title	DIRECTOR, EVENTS & MARKETING
Name	DEUTSCH, BILL
Address	7703 ORANGE TREE
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR B.I.T.S.
Name	MAYO, GARY
Address	5738 CRESTVIEW DR
City-State-Zip:	LADY LAKE FL 32159

Title	SECRETARY
Name	SIMONSEN, NORMA JEAN
Address	40007 PARKINSONIA ST
City-State-Zip:	LADY LAKE FL 32159

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: DEBORAH KIMBLE TREASURER 03/21/2017

Electronic Signature of Signing Officer/Director Detail — Date