

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004441

Entity Name: FLORIDA HOMEOPATHIC SOCIETY, INC.**Current Principal Place of Business:**835 167TH PLACE
LIVE OAK, FL 32060**Current Mailing Address:**835 167TH PLACE
LIVE OAK, FL 32060 US**FEI Number: 27-1603641****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THEVENAU, GRETCHEN M
835 167TH PLACE
LIVE OAK, FL 32060 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:** GRETCHEN THEVENAU

05/22/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name REMSEN, DOR
Address 3212 D SONESTA CT
City-State-Zip: CLERMONT FL 34711

Title PRESIDENT
Name TAMPLIN, SALLY
Address 3144 HANGING MOSS CIR
City-State-Zip: KISSIMMEE FL 34741

Title TREASURER
Name THEVENAU, GRETCHEN
Address 835 167TH PLACE
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR, MEMBERSHIP AND REGISTRAR
Name CAJIAO, CHRISTINE
Address 4273 GREENBRIAR LN
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name NARANJO, ESTEBAN
Address 7157 DAMITA DR
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name DURAND, DANIELLE
Address 2251 NE TROPICAL WY
City-State-Zip: JENSEN BEACH FL 34957

Title DIRECTOR
Name VENTURA, ANDREA
Address 13611 S DIXIE HWY
#109
City-State-Zip: MIAMI FL 33176

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: GRETCHEN THEVENAU

TREASURER

05/22/2025

Electronic Signature of Signing Officer/Director Detail

Date