

**2023 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:**KOPSEK, MARLA  
845 GRAND HUGHEY CT  
APOPKA, FL 32712 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:** ELIZABETH SUMMERS

04/12/2023

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

Title DIRECTOR  
Name BAINES, ANDREA  
Address 9950 SWEETLEAF ST  
City-State-Zip: ORLANDO FL 32827

Title TREASURER  
Name KOPSEK, MARLA  
Address 845 GRAND HUGHEY CT  
City-State-Zip: APOPKA FL 32712

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

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

Title DIRECTOR  
Name AMIR, RINA  
Address 1519 KATIE COVE  
City-State-Zip: SANFORD FL 32771

*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:** MARLA KOPSEK

TREASURER

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date