2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2017
Secretary of State
CC7698248743

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Entity Name: FLORIDA HOMEOPATHIC SOCIETY, INC.

Current Principal Place of Business:

2540 SE 73RD ST
OCALA, FL 34480

Current Mailing Address:

2540 SE 73RD ST
OCALA, FL 34480 US

FEI Number: 27-1603641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLET, POLLY W
2540 S.E. 73RD ST
OCALA, FL 34480 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: POLLY W. MILLET 04/11/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES
Name	MILLET, POLLY W
Address	2540 S.E 73RD ST
City-State-Zip:	OCALA FL 34480

Title	DIRECTOR
Name	RITZO, DONNA PEAKER
Address	209 VENICE PALMS BLVD
City-State-Zip:	VENICE FL 34292

Title	VP
Name	CAMPBELL, CINDY
Address	2210 NW 46TH ST
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR
Name	BATTAGLIA, LISE
Address	1 SOUTH RIDGEWOOD AVE
City-State-Zip:	PORT ORANGE FL 32127

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

Title	DIRECTOR
Name	GURLEY, BRENDA
Address	6503 ALCESTER DRIVE
City-State-Zip:	NEWPORT RICHIE FL 34655

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

Title	TREASURER
Name	ROY, SONIA
Address	181 BRANDY HILLS DRIVE
City-State-Zip:	PORT ORANGE FL 32129

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: POLLY W. MILLET PRES 04/11/2017

Electronic Signature of Signing Officer/Director Detail — Date