

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006134

**Entity Name:** PINE CASTLE HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

631 WILKS AVENUE  
ORLANDO, FL 32809

**Current Mailing Address:**

631 WILKS AVENUE  
ORLANDO, FL 32809 US

**FEI Number:** 47-4869329

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOORE, WILLIAM  
631 WILKS AVENUE  
ORLANDO, FL 32809 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:** WILLIAM MOORE

04/19/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            RECORDING SECRETARY  
Name            BRYANT, VERONICA  
Address        631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title            PRESIDENT  
Name            MILES, LARRY  
Address        631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title            TREASURER  
Name            MOORE, WILLIAM  
Address        631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title            VP  
Name            DEJARNETTE, LYNN  
Address        631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title            CORRESPONDING SECRETARY  
Name            PIGNATO, CHRISTEN  
Address        631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title            PARLIAMENTARIAN  
Name            KENNEDY, CHARLINE  
Address        631 WILKS AVENUE  
City-State-Zip: BELLE ISLE FL 32809

Title            DIRECTOR  
Name            DAVENPORT, JACQUELINE  
Address        631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            GOLD, ED  
Address        631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

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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:** WILLIAM MOORE

**TREASURER**

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEVAN, GREG  
Address 631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name INC., PINE  
Address 631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name URIBE, MAYRA  
Address 631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name OVIEDO, VIVIAN  
Address 631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name ROPER, LYDIA  
Address 631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name WEINSER, NANCY  
Address 631 WILKS AVENUE  
City-State-Zip: ORLANDO FL 32809