

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000001659

**Entity Name:** THE ORCHARD CENTER INC

**Current Principal Place of Business:**

510 WEST 10TH STREET  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

510 WEST 10TH STREET  
LYNN HAVEN, FL 32444 US

**FEI Number: 86-2354047**

**Certificate of Status Desired: No**

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

ROBERTS, AMY  
510 WEST 10TH STREET  
LYNN HAVEN, FL 32444 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name ROBERTS, AMY  
Address 510 WEST 10TH STREET  
City-State-Zip: LYNN HAVEN FL 32444

Title TRE  
Name ROBERTS, AMY  
Address 510 WEST 10TH STREET  
City-State-Zip: LYNN HAVEN FL 32444

Title DIR  
Name ROBERTS, AMY  
Address 510 WEST 10TH STREET  
City-State-Zip: LYNN HAVEN FL 32444

Title DIR  
Name KIRBY, MARY  
Address 510 WEST 10TH STREET  
City-State-Zip: LYNN HAVEN FL 32444

Title DIR/SEC  
Name TUCKER, CHELSEA  
Address 510 WEST 10TH STREET  
City-State-Zip: LYNN HAVEN FL 32444

*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: AMY ROBERTS**

**PRESIDENT**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date