

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760472

FILED
Feb 23, 2009
Secretary of State

Entity Name: FLORIDA NURSERY, GROWERS & LANDSCAPE ASSOCIATION-PAC, INC.

Current Principal Place of Business:

1533 PARK CENTER DR
ORLANDO, FL 328355705 US

New Principal Place of Business:

Current Mailing Address:

1533 PARK CENTER DR
ORLANDO, FL 328355705 US

New Mailing Address:

FEI Number: 59-2128776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLUSKY, BENJAMIN C
1533 PARK CENTER DR
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GARRISON, RALPH
Address: 1533 PARK CTR DR
City-St-Zip: ORLANDO, FL 32835

Title: VC () Delete
Name: FORD, PATRICK J
Address: 1533 PK CNTR DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: HACKNEY, GEORGE
Address: R #4 BOC 211
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: MUELLER, RUSSELL
Address: 1705 E E WILLIAMSON RAOD
City-St-Zip: LONGWOOD, FL

Title: C () Delete
Name: MARTIN, CHARLES
Address: 1533 PARK CTR DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: ROBERSON, ROBERT
Address: P O BOX 747 N/A
City-St-Zip: ZELLWOOD, FL 32798

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: MAHR, CAROLAN
Address: 1533 PK CNTR DR
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: FORD, PATRICK J
Address: 1533 PARK CTR DR
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RALPH GARRISON

T

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date