

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711242

FILED
Feb 23, 2015
Secretary of State
CC1460170169

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

Current Principal Place of Business:

1533 PARK CENTER DR
ORLANDO, FL 32835

Current Mailing Address:

1533 PARK CENTER DR
ORLANDO, FL 32835 US

FEI Number: 59-0702760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOLUSKY, BENJAMIN C
1533 PARK CENTER DR
ORLANDO, FL 32835 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 PRESIDENT-ELECT
Name BUTTERFIELD, BILLY
Address PO BOX 568762
City-State-Zip: ORLANDO FL 32856-5041

Title DIRECTOR
Name LEWIS, TOMMY
Address 19652 SE 60TH STREET
City-State-Zip: MORRISTON FL 32668-3943

Title DIRECTOR
Name GORDON, SYLVIA
Address 11390 SW 93RD STREET
City-State-Zip: MIAMI FL 33176

Title IPP
Name MARSHALL, MICHAEL D
Address 17350 SE 65TH STREET
City-State-Zip: MORRISTON FL 32668

Title DIRECTOR
Name BUTLER, DEBRA A
Address 4203 46TH AVENUE N
City-State-Zip: ST PETERSBURG FL 33714-2933

Title PRESIDENT
Name STEIN, SANFORD
Address 6065 SW 133RD STREET
City-State-Zip: MIAMI FL 33156-7136

Title DIRECTOR
Name WURSTER, M.E.
Address 7748 SPANER ROAD
 PO BOX 24384
City-State-Zip: JACKSONVILLE FL 32241-4384

Title DIRECTOR
Name FRIEDRICH, COLIN
Address 12839 25TH STREET N
City-State-Zip: LOXAHATCHEE FL 33470-4724

Continues on page 2

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: SANFORD STEIN

PRESIDENT

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name OLINGER, ROBERT
Address 4353 MICHIGAN LINK
City-State-Zip: FT. MYERS FL 33916-2301

Title DIRECTOR
Name HALL, CINDY
Address 1069 NE CRESCENT STREET
City-State-Zip: JENSEN BAEACH FL 34957-4714

Title DIRECTOR
Name CANTWELL, TERRI
Address 81 BATES ROAD
City-State-Zip: LAKE PLACID FL 33852-0202

Title DIRECTOR
Name RILEY, KEVIN
Address 2153 SOUTH US1
City-State-Zip: ROCKLEDGE FL 32955-3726

Title DIRECTOR
Name FOX, MARGIE
Address 5117 IMPERIAL COVE ROAD
City-State-Zip: JACKSONVILLE FL 32210-8238

Title DIRECTOR
Name BROWN, SHAUN
Address 6650 SE 165TH AVENUE
City-State-Zip: MORRISTON FL 32668-4461

Title DIRECTOR
Name PARRISH, VICKIE
Address 6151 NW 66TH WAY
City-State-Zip: PARKLAND FL 33067-1309

Title DIRECTOR
Name HACKNEY, MARTIN
Address 3690 JUNIPER CREEK ROAD
City-State-Zip: GREENSBORO FL 32330

Title DIRECTOR
Name DIEM, J.C.
Address PO BOX 218
City-State-Zip: PALMETTO FL 34220

Title DIRECTOR
Name WOMACK, WILLIAM
Address 5821 MAPLE LANE
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name FELL, ALEX
Address 1555 N. KINGS HWY
City-State-Zip: FORT PIERCE FL 34947-1420

Title DIRECTOR
Name PARRISH, JENNIFER
Address 115 MISSOURI AVE,
PO BOX 8009 SUITE 400
City-State-Zip: LAKELAND FL 33802-1447

Title DIRECTOR
Name BRYANT, AUSTIN
Address 7555 CREWSVILLE ROAD
City-State-Zip: ZOLFO SPRINGS FL 33890-9801

Title DIRECTOR
Name ROTH, SCOTT
Address PO BOX 6375
City-State-Zip: LAKELAND FL 33807-6375

Title DIRECTOR
Name STEWART, LYNN
Address 12010 NE HWY 70
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR
Name PLATZER, JASON E
Address 3700 W HWY 441
City-State-Zip: APOPKA FL 32703-5843

Title SECRETARY-TREASURER
Name SHOELSON, ROBERT
Address 7000 VOLUNTEER ROAD
City-State-Zip: SOUTHWEST RANCHES FL 33330

Title DIRECTOR
Name HERRMANN, STEVEN
Address 31131 PASCO ROAD
City-State-Zip: SAN ANTONIO FL 33576