2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711242

Entity Name: FLORIDA NURSERY, GROWERS & LANDSCAPE ASSOCIATION,

INC.

FILED Feb 23, 2024 Secretary of State 4517466014CC

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:

COLEY, ANDREW T 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: ANDREW T. COLEY 02/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title TREASURER

Name BANAS, ERIN Name LUCIO-CHINCHILLA, MARCELLA

Address 9205 SE VENUS STREET Address 26001 SW 217TH AVENUE

City-State-Zip: HOBE SOUND FL 33455 City-State-Zip: HOMESTEAD FL 33031-1554

Title DIRECTOR Title DIRECTOR

NameJAMES, PETERNameDESMOND, BONNIEAddress4350 NE 19TH AVENUEAddress1267 PLM STREET

City-State-Zip: POMPANO BEACH FL 33064 City-State-Zip: CLEARWATER FL 33755

TitleDIRECTORTitleDIRECTORNameMALOY, SHANENameLYNN, JAMES

Address 4875 GABRIELLA LN Address 218 SABLE PALM ROAD

City-State-Zip: OVIEDO FL 32765-8695 City-State-Zip: NAPLES FL 34114-2567

Title DIRECTOR Title IPP

NameVAN WINGERDEN, CALEBNameSMITH, ERICAddress874 COMMERCE BLVDAddress104 SW 131ST ST.

City-State-Zip: CRAWFORDVILLE FL 32327-4985 City-State-Zip: NEWBERRY FL 32669

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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: EDDIE SINGH DIRECTOR 02/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

498 EDEN PARK ROAD

Address

DIRECTOR Title Title **PRESIDENT** Name RHINEHOLZ, KATIE Name BUCK, PHIL

Address 18877 131 STREET TRAIL N Address 2360 CATAWBA STREET NAPLES FL 34120 City-State-Zip: PAHOKEE FL 33476 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name STAGEMAN, JERRY Name GONZALEZ, VICTOR Address PO BOX 8459

City-State-Zip: JACKSONVILLE FL 32239 City-State-Zip: ALTAMONTE SPRINGS FL 32714-1230

Title **DIRECTOR** Title **DIRECTOR**

LUKAS, STANLEY Name Name BRAVO, ED Address 1909 SLAVIA ROAD Address 1401 SW 143RD STREET

City-State-Zip: OVIEDO FL 32765-7622 City-State-Zip: NEWBERRY FL 32669-3102

Title **DIRECTOR** Title DIRECTOR Name SHOOK, JOE Name HOLLISTER, LEN

Address 23412 COUNTY ROAD 44A Address PO BOX 1834

City-State-Zip: EUSTIS FL 32736 City-State-Zip: WINTER HAVEN FL 33882-1834

Title PRESIDENT-ELECT Title **DIRECTOR** Name HISEY, PHILLIP Name TAYLOR, JOHN

Address 6745 SE 12TH PLACE Address 4973 LORRAINE ROAD City-State-Zip: OCALA FL 34472

BRADENTON FL 34211-9269 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name CORRIGAN, LAURA Name PETERSON, CLAY

608 SW ANCHORAGE WAY Address Address 9038 COUNTRY ROAD 229 City-State-Zip: STUART FL 34994-2015 City-State-Zip: WILEWOOD FL 34785-8516

Title DIRECTOR Title DIRECTOR

Name KIROUAC, SCOTT Name DEMOTT, JEFFREY 320 KITE AVE Address

Address 18455 SW 264TH STREET City-State-Zip: SEBRING FL 33870

HOMESTEAD FL 33031-1883 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

Name ANDERSON, JACK Name ZOELLNER, JORDAN

Address 4507 S HESPERIDES STREET Address 1945 PINE RIDGE ROAD

City-State-Zip: TAMPA FL 33611-2121 NAPLES FL 34109-2133 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** Name SINGH, EDDIE CRUSE, CHUCK Name

Address 1533 PARK CENTER DRIVE Address 403 NW 6TH STREET

City-State-Zip: ORLANDO FL 32835 City-State-Zip: OKEECHOBEE FL 34972