

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711242

**Entity Name:** FLORIDA NURSERY, GROWERS & LANDSCAPE ASSOCIATION, INC.**FILED**  
**Jan 28, 2016**  
**Secretary of State**  
**CC7791621984****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  
Name           BUTTERFIELD, BILLY  
Address        PO BOX 568762  
City-State-Zip: ORLANDO FL 32856-5041

Title            DIRECTOR  
Name           LEWIS, TOMMY  
Address        2576 SE 32ND PLACE  
City-State-Zip: OCALA FL 34471

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

Title            DIRECTOR  
Name           JENKINS, HAROLD II  
Address        12260 SE DIXIE HWY  
City-State-Zip: HOBE SOUND FL 33455-5607

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

Title            IPP  
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: BILLY BUTTERFIELD****PRESIDENT****01/28/2016**

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, THERESA  
Address 2153 SOUTH US1  
City-State-Zip: ROCKLEDGE FL 32955-3726

Title DIRECTOR  
Name REINER, J.R.  
Address PO BOX 491440  
City-State-Zip: LEESBURG FL 34749-1440

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 PRESIDENT-ELECT  
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

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

Title DIRECTOR  
Name HACKNEY, MARTIN  
Address 3690 JUNIPER CREEK ROAD  
PO BOX 160  
City-State-Zip: GREENSBRO FL 32330-0160

Title DIRECTOR  
Name PARRISH, JENNIFER  
Address 57 E 3RD ST  
City-State-Zip: APOPKA FL 32703-4235

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

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 STRODE, TY  
Address 1728 KELLY PARK ROAD  
City-State-Zip: APOPKA FL 32712-5208

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

Title SECRETARY/TREASURER  
Name BRAVO, ED  
Address 104 SW 131ST STREET  
City-State-Zip: NEWBERRY FL 32669