

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711242

**FILED**  
**Mar 13, 2018**  
**Secretary of State**  
**CC4468271915**

**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 DIRECTOR  
Name DRAKE, JUDY  
Address 8853 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32217

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

Title DIRECTOR  
Name SAVAGE-GRIFFIN, CHRISTY  
Address 7770 DAVIE ROAD EXT  
City-State-Zip: HOLLYWOOD FL 33024-2516

Title DIRECTOR  
Name DESMOND, BONNIE  
Address 1267 PALM ST  
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR  
Name CLIKASS, MARK  
Address 5105 NEW TAMPA HWY  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name SLAYMAKER, JUSTIN L  
Address 826 SW OLD BELLAMY ROAD  
City-State-Zip: HIGH SPRINGS FL 32643-9315

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

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

**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:** SHAWN THOMAS

03/13/2018

**SECRETARY/TREASURER**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name GONZALEZ, VICTOR  
Address 3621 E LINA LN  
City-State-Zip: APOPKA FL 32703

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: APOPKA FL 32712-5208

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 DIRECTOR  
Name AVERY, ROBBIN  
Address 601 N CONGRESS AVENUE#436  
City-State-Zip: DELRAY BEACH FL 33445

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

Title DIRECTOR  
Name WIGGINS, PAUL  
Address 27805 SW 197TH AVE  
City-State-Zip: HOMESTEAD FL 33031

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 SECRETARY/TREASURER  
Name THOMAS, SHAWN  
Address 10950-60 SAN JOSE BLVD#334  
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR  
Name PLATZER, JASON E  
Address 1037 NW 4TH STREET  
City-State-Zip: HOMESTEAD FL 33030

Title PAST PRESIDENT  
Name SHOELSON, ROBERT  
Address PO BOX 840107  
City-State-Zip: PEMBROKE PINES FL 33084

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

Title DIRECTOR  
Name SCHWAB, AUTUMN  
Address 6012 N EUSTACE AVE  
City-State-Zip: TAMPA FL 33604