

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711242

FILED
Jan 26, 2017
Secretary of State
CC4931964629

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

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

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 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

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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: ROBERT SHOELSON

PRESIDENT

01/26/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY/TREASURER
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 THOMAS, SHAWN
Address 9456 PHILLIPS HWY STE. 10
City-State-Zip: JACKSONVILLE FL 32256-1379

Title DIRECTOR
Name RUTZKE, BARNEY W JR.
Address 17855 SW 248TH STREET
City-State-Zip: HOMESTEAD FL 33031-1801

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

Title DIRECTOR
Name HALL, WESLEY D
Address 7970 46TH AVENUE N
City-State-Zip: ST PETERSBURG FL 33709-2371

Title DIRECTOR
Name JENKINS II, HAROLD

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

Title DIRECTOR
Name BATES, 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 1037 NW 4TH STREET
City-State-Zip: HOMESTEAD FL 33030

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

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

Address 12260 SE DIXIE HWY

City-State-Zip: OPE SOUND FL 33455-5607