

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711242

FILED
Jan 28, 2020
Secretary of State
4818182609CC**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 HACKNEY, MARTIN
Address 3690 JUPINER CREEK ROAD
City-State-Zip: QUINCY FL 32351

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 SECRETARY-TREASURER
Name SPATOLA, SARAH
Address 4060 SE 45TH COURT
City-State-Zip: OCALA FL 34480

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

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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: SHAWN THOMAS**PRESIDENT****01/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JONECK, DEB
Address 357 PIKE ROAD
City-State-Zip: WEST PALM BEACH FL 33411-3800

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 AGATE, MICHAEL
Address 8616 PHILIPS HWY
City-State-Zip: JACKSONVILLE FL 32256-8213

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

Title DIRECTOR
Name PETERSON, CLAY
Address 9038 COUNTRY ROAD 229
City-State-Zip: WILEWOOD FL 34785-8516

Title DIRECTOR
Name BALCH, BRANDON
Address 1220 AREACA DRIVE
City-State-Zip: WELLINGTON FL 33414-4102

Title DIRECTOR
Name KIROUAC, SCOTT
Address 320 KITE AVE
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name BUCK, PHIL
Address 2360 CATAWBA ST
City-State-Zip: NAPLES FL 34120

Title DIRECTOR
Name DONNAN, VAN
Address 8952 BAY COVE CT.
City-State-Zip: ORLANDO FL 32819-4801

Title DIRECTOR
Name WILLIAMS, JUSTIN
Address 12411 PHILLIPS HWY
City-State-Zip: JACKSONVILLE FL 32256

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

Title DIRECTOR
Name MACHIN, PEGGY E
Address PO BOX 562971
City-State-Zip: MIAMI FL 33256

Title DIRECTOR
Name HISBY, PHILLIP
Address 3822 SE 8TH ST.
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name SCOTT, EDWIN
Address PO BOX 61008
City-State-Zip: FT MYERS FL 33906

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