

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711242

FILED
Feb 21, 2019
Secretary of State
1586841432CC

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

Title 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: WILLIAM WOMACK

PRESIDENT

02/21/2019

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: ARCADIA FL 34266

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

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

Title PRESIDENT-ELECT
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 PAST 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