

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711242

FILED
Jan 31, 2013
Secretary of State
CC0284729189

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 HALSEY, BESHEARS W
Address PO BOX 160, HWY 19 S
City-State-Zip: MONTICELLO FL 32345

Title DIRECTOR
Name BUTTERFIELD, BILLY
Address PO BOX 568762
City-State-Zip: ORLANDO FL 32856-5041

Title PRESIDENT
Name PARRISH, WES
Address 6151 NW 66TH WAY
City-State-Zip: PARKLAND FL 33067

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

Title PRESIDENT ELECT
Name MARSHALL, MICHAEL D
Address 17350 SE 65TH STREET
City-State-Zip: MORRISTON FL 32668

Title DIRECTOR
Name JONECK, DEBRA
Address 9775 W BOYNTON BEACH BLVD.
City-State-Zip: BOYNTON BEACH FL 33437-4421

Title TREASURER
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

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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: WES PARRISH

PRESIDENT

01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAY, VICTORIA
Address 4950 38TH AVENUE N
City-State-Zip: ST. PETERSBURG FL 33710-2140

Title DIRECTOR
Name SCHOLL, FRIEDLE
Address 3407 W ALLINE AVENUE
City-State-Zip: TAMPA FL 33611

Title DIRECTOR
Name RUYTENBEEK, ALLISON
Address 12000 LOX ROAD
City-State-Zip: PARKLAND FL 33076

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

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

Title DIRECTOR
Name ROTH, SCOTT
Address PO BOX 6375
City-State-Zip: LAKELAND FL 33807-6375

Title DIRECTOR
Name GOSE, JOHN
Address 7 LYKES ROAD
City-State-Zip: LAKE PLACID FL 33851

Title DIRECTOR
Name PLATZER, JASON E
Address 3700 W HWY 441
City-State-Zip: APOPKA FL 32703-5843

Title DIRECTOR
Name SHOELSON, ROBERT
Address 7000 VOLUNTEER ROAD
City-State-Zip: SOUTHWEST RANCHES FL 33330

Title DIRECTOR
Name COOK, BOB
Address 17397 ALLENTOWN ROAD
City-State-Zip: FT. MYERS FL 33967-2960

Title DIRECTOR
Name PINDER, TERRI
Address 5500 SW MARTIN HWY
City-State-Zip: PALM CITY FL 34990-5592

Title DIRECTOR
Name SELF, DAVE
Address 3730 161ST TER N
PO BOX 1145
City-State-Zip: LOXAHATCHEE FL 33470-1145

Title DIRECTOR
Name RILEY, KEVIN
Address 2153 SOUTH US1
City-State-Zip: ROCKLEDGE FL 32955-3726

Title DIRECTOR
Name FOX, MARGIE
Address 5117 IMPERIAL COVE ROAD
City-State-Zip: JACKSONVILLE FL 32210-8238

Title DIRECTOR
Name OATLEY, SONYA
Address 1650 COUNTY ROAD 470
City-State-Zip: OKAHUMPKA FL 34762-3402

Title DIRECTOR
Name PARRISH, VICKIE
Address 6151 NW 66TH WAY
City-State-Zip: PARKLAND FL 33067-1309

Title DIRECTOR
Name MCELROY, STEVE
Address 11300 MAHAN DRIVE
City-State-Zip: TALLAHASSEE FL 32309-8600

Title DIRECTOR
Name HIGGINS, T. JAY
Address 7091 MYAKA VALLEY TRL
City-State-Zip: SARASOTA FL 34241-9676