

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761615

**Entity Name:** GREENSCAPE OF JACKSONVILLE, INC.**Current Principal Place of Business:**1468 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207**Current Mailing Address:**1468 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US**FEI Number:** 59-2283261**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DOOLEY, ANNA M  
1468 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 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  
Name            BONGIOVANNI, KIM  
Address        4434 CHIPPEWA DR.  
City-State-Zip: JACKSONVILLE FL 32210

Title            ED  
Name            DOOLEY, ANNA  
Address        3311 PINE ST. APT. #1  
City-State-Zip: JACKSONVILLE FL 32205

Title            VP  
Name            PATTON, ROBIN  
Address        2936 RIVERSIDE AVE. #1  
City-State-Zip: JACKSONVILLE FL 32205

Title            TREASURER  
Name            WILSON, COURTENAY  
Address        1431 RIVERPLACE BLVD. #1506  
City-State-Zip: JACKSONVILLE FL 32207

Title            SC  
Name            LEACH, DORIS  
Address        8291 DAMES POINT CROSSING BLVD.  
N.  
City-State-Zip: JACKSONVILLE FL 32277

Title            AT LARGE  
Name            DEMPSEY, GABRIELE  
Address        11538 BASKERVILLE RD.  
City-State-Zip: JACKSONVILLE FL 32223

Title            VP  
Name            DAVID, DIANE  
Address        5115 OTTER CREEK DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            VP  
Name            BYRES, LAURA  
Address        310 E. 3RD. ST.  
City-State-Zip: JACKSONVILLE FL 32206

*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:** ANNA DOOLEY**EXECUTIVE DIRECTOR****01/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date