

2019 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:** No**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	ROBINSON, MICHAEL
Address	638 CAMP MILTON LN.
City-State-Zip:	JACKSONVILLE FL 32220

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

Title	ED
Name	DOOLEY, ANNA
Address	4582 CORRIENTES CIRCLE S.
City-State-Zip:	JACKSONVILLE FL 32217

Title	AT LARGE
Name	BRYAN, PEGGY
Address	5249 YACHT CLUB RD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	AT LARGE
Name	WORSHAM, CAROL
Address	200 W. FORSYTH ST. #800
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP
Name	SCHMIDT, MICHAEL
Address	2769 WHITE OAK LANE
City-State-Zip:	JACKSONVILLE FL 32207

Title	TREASURER
Name	BONGIOVANNI, KIM
Address	4434 CHIPPEWA DR.
City-State-Zip:	JACKSONVILLE FL 32210

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****04/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date