

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

DOCUMENT# N04000002591

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**7946702016CC**

**Entity Name:** JACKSONVILLE ARBORETUM & GARDENS, INC.

**Current Principal Place of Business:**

11376 GOLDEN PLOVER CT  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

P.O. BOX 350430  
JACKSONVILLE, FL 32225 US

**FEI Number:** 20-1061861

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLEEMAN, CHARLES E  
11376 GOLDEN PLOVER CT  
JACKSONVILLE, FL 32225 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:** CHARLES KLEEMAN

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GIERUM, LAWRENCE C. ESQ.  
Address 1779 CHATHAM VILLAGE DRIVE  
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR  
Name SIMMONS, MELINDA P. PHD  
Address 215 BEACH AVENUE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR  
Name CHERYL , MUNN  
Address 2554 BEAUTYBERRY CIRCLE WEST  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR, SECRETARY  
Name LEWELLEN, ANNE  
Address 1156 CREEKS RIDGE ROAD,  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR, TREASURER  
Name BURR, JOHN  
Address 1208 CAMPBELL CIRCLE  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name MAZZA, MARTHA  
Address 1639 BEARSKIN LN  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR, PRESIDENT  
Name WHITTINGTON, RONALD P.  
Address 3 MILLIE DR  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name THIES, LORIN  
Address 12138 MILLFORD LANE N  
City-State-Zip: JACKSONVILLE FL 32246

**Continues on page 2**

*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:** RONALD P. WHITTINGTON

PRESIDENT

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MILLER, PATTY  
Address 340 14TH AVE SOUTH  
UNIT F  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name WINGATE, STEVE  
Address 12168 CHIPPENHAM COURT  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name MCNALLY, ANDREA  
Address 3375 BRACHENBURY LANE  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name BLALOCK, KEVIN  
Address 13925 WHITE HERON PLACE  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name STARNER, LINDSAY  
Address 5106 IMPERIAL COVE ROAD  
City-State-Zip: JACKSONVILLE FL 32210