

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006080

**Entity Name:** NATIVE PLANT HORTICULTURE INSTITUTE, INC.

**Current Principal Place of Business:**

2112 HELEN ST  
MELBOURNE, FL 32901

**Current Mailing Address:**

PO BOX 972  
MELBOURNE, FL 32902 US

**FEI Number:** 47-4333010

**Certificate of Status Desired:** No

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

DONALDSON, CAMERON M  
2112 HELEN ST  
MELBOURNE, FL 32901 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:** CAMERON M. DONALDSON

01/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FRITZ, JERRY  
Address 3894 EVERETT CT  
City-State-Zip: LAKE WORTH FL 33461

Title SECRETARY  
Name TERRY, GODTS  
Address 6043 LAKE ERIE RD  
City-State-Zip: GROVELAND FL 34736

Title T  
Name ALYSSA, LAVORO  
Address 920 S FLAMINGO RD  
City-State-Zip: DAVIE FL 33325

Title VP  
Name TURLEY, BRUCE  
Address 12501 INDIAN ROCKS ROAD  
City-State-Zip: LARGO FL 33774

*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:** ALYSSA LAVORO

**TREASURER**

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date