

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006420

Entity Name: NORTHEAST CHAPTER OF THE FLORIDA NURSERY,
GROWERS AND LANDSCAPE ASSOCIATION, INC.

FILED
Feb 03, 2021
Secretary of State
6530389024CC

Current Principal Place of Business:

2701 FOREST CIRCLE
JACKSONVILLE, FL 32257-5632

Current Mailing Address:

P.O. BOX 56674
JACKSONVILLE, FL 32241 US

FEI Number: 81-3064010

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHODES, JOHN
3840 UPHILL TERR.
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RAGGINS, DOUGLAS
Address	34547 MITIGATION TRAIL
City-State-Zip:	CALLAHAN FL 32211
Title	SECRETARY
Name	STERN, BREE
Address	1418 WOLFE STREET
City-State-Zip:	JACKSONVILLE FL 32205
Title	1ST VICE PRESIDENT
Name	TABER, GEORGE
Address	7703 GLEN ST. MARY ROAD
City-State-Zip:	GLEN ST. MARY FL 32040

Title	PAST PRESIDENT
Name	GRACIE, RHONDA
Address	155 WELLWOOD AVE
City-State-Zip:	JACKSONVILLE FL 32259
Title	TREASURER
Name	ROSS, WILLIAM M
Address	2701 FOREST CIRCLE
City-State-Zip:	JACKSONVILLE FL 32257
Title	2ND VICE PRESIDENT
Name	SANFORD, ROBERT
Address	9418 WEXFORD RD.
City-State-Zip:	JACKSONVILLE FL 32257

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: WILLIAM M. ROSS

TREASURER

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date