

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006420

**FILED**  
**Apr 03, 2019**  
**Secretary of State**  
**9432059904CC**

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

**Current Principal Place of Business:**

7748 SPANNER RD.  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

P.O. BOX 56674  
JACKSONVILLE, FL 32241 US

**FEI Number: 81-3064010**

**Certificate of Status Desired: Yes**

**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            WARTAN, DENISE  
Address        6968 LA MESA DR. W.  
City-State-Zip: JACKSONVILLE FL 32217

Title            1ST VICE PRESIDENT  
Name            GRACIE, RHONDA  
Address        155 WELLWOOD AVE.  
City-State-Zip: JACKSONVILLE FL 32259

Title            PAST PRESIDENT  
Name            WILLIAMS, JUSTIN  
Address        7951 ALPHONS ST.  
City-State-Zip: JACKSONVILLE FL 32256

Title            SECRETARY  
Name            CROUCH, GERRY  
Address        12814 MANDARIN RD.  
City-State-Zip: JACKSONVILLE FL 32223

Title            TREASURER  
Name            SANFORD, ROBERT  
Address        9418 WEXFORD RD.  
City-State-Zip: JACKSONVILLE FL 32257

Title            2ND VICE PRESIDENT  
Name            DOUGLAS RAGGINS  
Address        34547 MITIGATION TRAIL  
City-State-Zip: CALLAHAN FL 32011

*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: ROBERT. M. SANFORD JR.**

**TREASURER**

**04/03/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date