

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 14, 2018
Secretary of State
CC4967470315

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 1ST VICE PRESIDENT
Name WARTAN, DENISE
Address 6968 LA MESA DR. W.
City-State-Zip: JACKSONVILLE FL 32217

Title PAST PRESIDENT
Name STAGEMAN, JERRY
Address 12405 PLAYEY GREEN CT.
City-State-Zip: JACKSONVILLE FL 32246

Title 2ND VICE PRESIDENT
Name GRACIE, RHONDA
Address 155 WELLWOOD AVE.
City-State-Zip: JACKSONVILLE FL 32259

Title 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

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 SANFORD

TREASURER

01/14/2018

Electronic Signature of Signing Officer/Director Detail

Date