## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006420

Entity Name: NORTHEAST CHAPTER OF THE FLORIDA NURSERY,

GROWERS AND LANDSCAPE ASSOCIATION, INC.

**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:

ROSS, WILLIAM M 2701 FOREST CIR

JACKSONVILLE, FL 32257-5613 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: WILLIAM M. ROSS 02/05/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name STERN, BREE Name ROSS, WILLIAM M Address 1324 JEAN COURT Address 2701 FOREST CIRCLE City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32257

Title PAST PRESIDENT Title VF

Name SANFORD, ROBERT Name FRYEFIELD, LEAH

Address 9418 WEXFORD RD Address 5117 IMPERIAL COVE RD

City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32210

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

Electronic Signature of Signing Officer/Director Detail

TREASURER

02/05/2024

Date

FILED Feb 05, 2024

**Secretary of State** 

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