Entity Name: NATIONAL HORTICULTURE FOUNDATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1533 PARK CENTER DRIVE ORLANDO, FL 32835

Current Mailing Address:

DOCUMENT# N1700000842

1533 PARK CENTER DRIVE ORLANDO, FL 32835 US

FEI Number: 59-2832635

Name and Address of Current Registered Agent:

BOULSKY, BENJAMIN C 1533 PARK CENTER DRIVE ORLANDO, FL 32835 US

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	IPP	Title	DIRECTOR
Name	LIU, DAVID G	Name	CIALONE, JOSEPH DR.
Address	7048 NARCOOSSEE RD	Address	10267 W TARA BLVD
City-State-Zip:	ORLANDO FL 32822	City-State-Zip:	BOYNTON BEACH FL 33437
Title	DIRECTOR	Title	DIRECTOR
Name	RILEY, KEVIN	Name	RODRIGUEZ, MANNY
Address	2153 SOUTH US 1	Address	20905 SW 162ND AVE
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	MIAMI FL 33187
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR KOPSELL, DEAN	Title Name	DIRECTOR MENDOZZA, JOHN
Name	KOPSELL, DEAN UNIVERSITY OF FLORIDA	Name	MENDOZZA, JOHN 601 N CONGRESS AVE #436
Name Address	KOPSELL, DEAN UNIVERSITY OF FLORIDA	Name Address	MENDOZZA, JOHN 601 N CONGRESS AVE #436
Name Address City-State-Zip:	KOPSELL, DEAN UNIVERSITY OF FLORIDA GAINESVILLE FL 32604	Name Address City-State-Zip:	MENDOZZA, JOHN 601 N CONGRESS AVE #436 DELRAY BEACH FL 33445
Name Address City-State-Zip: Title	KOPSELL, DEAN UNIVERSITY OF FLORIDA GAINESVILLE FL 32604 TREASURER	Name Address City-State-Zip: Title	MENDOZZA, JOHN 601 N CONGRESS AVE #436 DELRAY BEACH FL 33445 DIRECTOR
Name Address City-State-Zip: Title Name	KOPSELL, DEAN UNIVERSITY OF FLORIDA GAINESVILLE FL 32604 TREASURER BRYANT, AUSTIN 7555 CREWSVILLE ROAD	Name Address City-State-Zip: Title Name	MENDOZZA, JOHN 601 N CONGRESS AVE #436 DELRAY BEACH FL 33445 DIRECTOR PARRISH, WES 6151 NW 66TH WAY

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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: GEORGE HACKNEY

PRESIDENT

02/18/2022

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 18, 2022 Secretary of State 5124639693CC

Officer/Director Detail Continued :

Title	VP	Title	PRESIDENT
Name	MARSHALL, MIKE	Name	HACKNEY, GEORGE
Address	17350 SE 65TH STREET	Address	3690 JUNIPER CREEK ROAD
City-State-Zip:	MORRISTON FL 32668	City-State-Zip:	PO BOX 160 GREENSBORO FL 32330
Title	DIRECTOR	Title	DIRECTOR
Name	MACKAY, WAYNE DR.	Name	FELTER, LIZ
Address	UNIVERSITY OF ARKANSAS PLANT SCIENCES ROOM 316	Address	2725 S BINION ROAD
City-State-Zip:	FAYETTVILLE AR 72701	City-State-Zip:	APOPKA FL 32703
Title	DIRECTOR	Title	DIRECTOR
Name	PETERSON, JOHN	Name	KJELGREN, ROGER
Address	1549 FIFIELD HALL	Address	2725 S. BINION ROAD
	PO BOX 110670	City-State-Zip:	APOPKA FL 32703
City-State-Zip:	GAINESVILLE FL 32611		