

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 030 ****61.25

DOCUMENT # 760472

1. Entity Name
**FLORIDA NURSERYMEN POLITICAL ACTION
COMMITTEE, INC.**



Principal Place of Business
**1533 PARK CENTER DR
ORLANDO, FL 32835-5705 US**

Mailing Address
**1533 PARK CENTER DR
ORLANDO, FL 32835-5705 US**

50000845



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2128776

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOLUSKY, BENJAMIN C
1533 PARK CENTER DR
ORLANDO, FL 32835**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/08/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **ARKAY, RONALD**
STREET ADDRESS **8712 OLA AVE.**
CITY-ST-ZIP **TAMPA, FL**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **GARRISON, RALPH**
STREET ADDRESS **1533 PARK CENTER DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **T** ☐ Delete
NAME **FORD, PATRICK J**
STREET ADDRESS **1533 PK CNTR DR**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **VICE CHAIRMAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HACKNEY, GEORGE**
STREET ADDRESS **R #4 BOC 211**
CITY-ST-ZIP **QUINCY, FL 32351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MUELLER, RUSSELL**
STREET ADDRESS **1705 E E WILLIAMSON ROAD**
CITY-ST-ZIP **LONGWOOD, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARTIN, CHARLES**
STREET ADDRESS **13295 SW 232ND STREET**
CITY-ST-ZIP **MIAMI, FL 33170**

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1533 PARK CENTER DRIVE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **C** ☐ Delete
NAME **ROBERSON, ROBERT**
STREET ADDRESS **P O BOX 747 N/A**
CITY-ST-ZIP **ZELLWOOD, FL 32798**

TITLE **DIRECTORS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chairman

3/1/08

305-258-2282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 50000845

760472

Florida Nurserymen Political Action Committee, Inc

FEI Number 59-2128776

Additional Officers

Roy Davis
3216 N McIntosh Road
Dover, Florida 33527

Director

William Reese
2025 NE 70th Street
PO Box 5189
Ocala, Florida 34478

Director

M.E. (Buck) Wurster
7748 Spanner Road
PO Box 24384
Jacksonville, Florida 32241

Director

Carolann Nahr
407A SW 2nd Street
Cape Coral, Florida 33991

Director