2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90088 035 ****61.25

DOCUMENT # N16165

1. Entity Name

THE ASSOCIATION OF FLORIDA NATIVE NURSERIES, INC.

Principal Place of Business	Mailing Address
220 CHIAPPINI FARM RD P O BOX 434 MELROSE FL 32666 US	P O BOX 434 MELROSE FL 32666 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2767770 ☐ Applied For ☐ Not Applicable

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
CHIAPPINI, DAVID 220 CHIAPPINI FARM RD PO BOX 434 MELROSE FL 32666	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 David Chiappini 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANDLEY, JERRY 222 NE 1ST STREET GAINESVILLE FL 32602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEITZMAN, TOM 10934 ERIE RD PARRISH FL 34219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, JANE 6315 PARK LN WEST LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRY GODTS 6043 LAKE GRIS RD GROVELAND, FL 34736	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRYLIE, DAVID 1333 TAYLOR CREEK RD CHRISTMAS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JERRY ~~FRITZ~~ FRITZ 2269 2nd AV N LAKE WORTH, FL 33461	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, MIKE 301 W SEMINARY ST MICANOPY FL 32667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANCY BISSETT 2929 JB CARTER RD DAVENPORT, FL 33837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, JAY 633 N PALMETTO AVE FORT MEADE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIAPPINI, DAVID P.O. BOX 436 N/A MELROSE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas J. Heitzman THOMAS J. HEITZMAN 4/30/07 941-776-0501
FIRST MANAGER OR PRESIDENT NAME OF SIGNING OFFICER OR DIRECTOR DATE