

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16165

FILED
May 02, 2008
Secretary of State

Entity Name: THE ASSOCIATION OF FLORIDA NATIVE NURSERIES, INC.

Current Principal Place of Business:

220 CHIAPPINI FARM RD
P O BOX 434
MELROSE, FL 32666 US

New Principal Place of Business:

220 CHIAPPINI FARM RD
MELROSE, FL 32666 US

Current Mailing Address:

P O BOX 434
MELROSE, FL 32666 US

New Mailing Address:

220 CHIAPPINI RD
MELROSE, FL 32666 US

FEI Number: 52-2767770 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHIAPPINI, DAVID
220 CHIAPPINI FARM RD
PO BOX 434
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

CHIAPPINI, DAVID
220 CHIAPPINI FARM RD
MELROSE, FL 32666 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: DAVID CHIAPPINI

05/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANDLEY, JERRY
Address: 222 NE 1ST STREET
City-St-Zip: GAINESVILLE, FL 32602

Title: D () Delete
Name: THOMPSON, JANE
Address: 6315 PARK LN WEST
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: DRYLIE, DAVID,
Address: 1333 TAYLOR CREEK RD
City-St-Zip: CHRISTMAS, FL

Title: D () Delete
Name: CAMPBELL, MIKE
Address: 301 W SEMINARY ST
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: HEITZMAN, TOM
Address: 10824 ERIE RD
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: CHIAPPINI, DAVID
Address: P.O. BOX 436 N/A
City-St-Zip: MELROSE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID CHIAPPINI

PRES

05/02/2008

Electronic Signature of Signing Officer or Director

Date