

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16165

FILED
Mar 11, 2010
Secretary of State

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

Current Principal Place of Business:

220 CHIAPPINI FARM RD
MELROSE, FL 32666 US

New Principal Place of Business:

10824 ERIE RD
PARRISH, FL 34219 US

Current Mailing Address:

220 CHIAPPINI RD
MELROSE, FL 32666 US

New Mailing Address:

10824 ERIE RD
PARRISH, FL 34219 US

FEI Number: 52-2767770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HEITZMAN, THOMAS J T
10824 ERIE RE
PARRISH, FL 34219 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: THOMAS J HEITZMAN

03/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: P
Name: SIBLEY, JOHN
Address: 300 CENTER RD
City-St-Zip: FORT MYERS, FL 33907

Title: S
Name: GODTS, TERRY
Address: 11303 SR 33
City-St-Zip: GROVELAND, FL

Title: P
Name: FRITZ, JERRY
Address: 2269 2ND AVE N
City-St-Zip: LAKE WORTH, FL 33461

Title: T
Name: HEITZMAN, TOM
Address: 10824 ERIE RD
City-St-Zip: PARRISH, FL 34219

Title: VP
Name: BISSETT, NANCY
Address: 2929 JB CARTER RD
City-St-Zip: DAVENPORT, FL 33837

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: THOMAS J HEITZMAN

T

03/11/2010

Electronic Signature of Signing Officer or Director

Date