

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16165

FILED
Feb 08, 2012
Secretary of State

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

Current Principal Place of Business:

2112 HELEN ST
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 972
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 59-2767770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, CAMERON M
2112 HELEN ST
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

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

Title: P
Name: GODTS, TERRY
Address: 11303 HWY 33
City-St-Zip: GROVELAND, FL 34736 US

Title: VP
Name: TRIPLETT, ROGER
Address: 12340 STATE RD 62
City-St-Zip: PARRISH, FL 34219

Title: S
Name: TURLEY, BRUCE
Address: 12501 INDIAN ROCKS RD
City-St-Zip: LARGO, FL 33774

Title: T
Name: EVANS, JENNY
Address: 3333 SANIBEL-CAPTIVA RD
City-St-Zip: SANIBEL, FL 33957

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: CAMERON M. DONALDSON

ED

02/08/2012

Electronic Signature of Signing Officer or Director

Date