

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N92000000821

FILED
Oct 02, 2014
Secretary of State

Entity Name: FLORIDA STATE HORTICULTURAL SOCIETY, INC.

Current Principal Place of Business:

700 EXPERIMENT ROAD
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

700 EXPERIMENT ROAD
LAKE ALFRED, FL 33850 US

New Mailing Address:

700 EXPERIMENT STATION ROAD
LAKE ALFRED, FL 33850 US

FEI Number: 59-3175758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSWALT, CHRIS
1702 HIGHWAY 17 SOUTH
BARTOW, FL 33831 US

Name and Address of New Registered Agent:

BARBER, LYNN
5339 COUNTY ROAD 579
SEFFNER, FL 33584 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: LYNN BARBER

10/02/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CB
Name: ETXEBERRIA, ED
Address: 700 EXPERIMENT STATION ROAD
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: P
Name: SARGENT, STEVE
Address: PO BOX 110690
City-St-Zip: GAINESVILLE, FL 32611 US

Title: ST
Name: BARBER, LYNN
Address: 5339 COUNTY ROAD 579
City-St-Zip: SEFFNER, FL 33584 US

Title: PE
Name: OSWALT, CHRIS
Address: 1702 HIGHWAY 17 SOUTH
City-St-Zip: BARTOW, FL 33831 US

Title: A
Name: NEFF, MICHAEL
Address: 1018 DUKE STREET
City-St-Zip: ALEXANDRIA, VA 22314

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: ED ETXEBERRIA

CB

10/02/2014

Electronic Signature of Signing Officer or Director

Date