

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90078 049 ****61.25

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1. Corporation Name

LOXAHATCHEE AREA NURSERYMEN'S ASSOCIATION, INC.

Principal Place of Business
**3730 161ST TERRACE NORTH
LOXAHATCHEE FL 33470**

Mailing Address
**3730 161ST TERRACE NORTH
LOXAHATCHEE FL 33470**



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/22/1994

4. FEI Number

65-0548016

Applied For

Not Applicable

23 City & State

27 City & State

LOXAHATCHEE FLA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

29 Zip

33470

Country

USA

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELF, DAVE
3730 161ST TERRACE
LOXAHATCHEE FL 33470**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **SELF, DAVE**
STREET ADDRESS **3730 161 TERR. NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

1.1 TITLE ☐ Change ☐ Addition

TITLE **DT** ☐ DELETE

NAME **MARK FRIEDRICH**
STREET ADDRESS **12839 25TH ST N**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

1.2 NAME ☐ Change ☐ Addition

TITLE **DS** ☐ DELETE

NAME **CHARLIE FOSTER**
STREET ADDRESS **2815 "C" RD**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.5 CITY-ST-ZIP

3.6 CITY-ST-ZIP

SIGNATURE:

DAVID L. SELF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 561-793-6019

CR2E037 (11/98)