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FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001891 (7)**

1. Corporation Name

FLORIDA LANDSCAPE DESIGNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**500 NORTH APPELYARD DRIVE
TALLAHASSEE FL 32304**

**POST OFFICE BOX 2513
TALLAHASSEE FL 32316**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

59-3438243

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**HADLEY, GALE ALBRITTON
500 NORTH APPELYARD DRIVE
TALLAHASSEE FL 32304**

81 Name

HADLEY, GALE ALBRITTON

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VICE PRESIDENT

☐ Change

☒ Addition

1.2 NAME

JOY DORST

1.3 STREET ADDRESS

1312 MILTON STREET

1.4 CITY-ST-ZIP

TALLAHASSEE, FL 32303

2.1 TITLE

SECRETARY

☐ Change

☒ Addition

2.2 NAME

WINDEE WILLOUGHBY

2.3 STREET ADDRESS

1807 CHILI NENE

2.4 CITY-ST-ZIP

TALLAHASSEE, FL 32301

3.1 TITLE

TREASURER

☐ Change

☒ Addition

3.2 NAME

JUDY DRAKE

3.3 STREET ADDRESS

2840 VILLAGE GROVE DRIVE SOUTH

3.4 CITY-ST-ZIP

JACKSONVILLE, FL 32257

4.1 TITLE

BOARD MEMBER

☐ Change

☒ Addition

4.2 NAME

WARREN POWERS

4.3 STREET ADDRESS

3508 Cardinal Point Drive

4.4 CITY-ST-ZIP

JACKSONVILLE, FL 32257

5.1 TITLE

BOARD MEMBER

☐ Change

☒ Addition

5.2 NAME

DAN FORD

5.3 STREET ADDRESS

PO Box 8959

5.4 CITY-ST-ZIP

VERD BEACH, FL 32914

6.1 TITLE

BOARD Member

☐ Change

☒ Addition

6.2 NAME

MIKE FORD

6.3 STREET ADDRESS

1240 Deer Run Lane

6.4 CITY-ST-ZIP

Tallahassee, FL Naples, FL 34120

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gale Allbritton Hadley** **GALE ALBRITTON HADLEY** 2/23/98 850-487-7568

CP2E037 (10/97)