

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001078

Entity Name: THE FLORIDA WILDFLOWER FOUNDATION, INC.**Current Principal Place of Business:**1307 NOBLE PLACE
ORLANDO, FL 32801**Current Mailing Address:**PO BOX 941691
MAITLAND, FL 32794 US**FEI Number:** 59-3700304**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATRAZZO, STACEY
1307 NOBLE PLACE
ORLANDO, FL 32801-4217 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:** STACEY MATRAZZO

02/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name ZINN, TERRY
Address 27715 NW 107 STREET
City-State-Zip: ALACHUA FL 32615

Title VICE CHAIR
Name DARDEN, ERIC
Address 12418 SCOTTISH PINE LN
City-State-Zip: CLERMONT FL 34711

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

Title DIRECTOR
Name GOLDSTEIN, SARA
Address 1576 PALM AVE
City-State-Zip: FT MYERS FL 33916

Title TREASURER
Name MARISSA, KAPROW
Address 931 WEDGEWOOD DRIVE
City-State-Zip: WINTER SPRINGS FL 32708

Title CHAIR
Name CASTER, JEFF
Address 712 BRIARCREEK RD
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name ELKOTT, FATIMA
Address 1830 GREYSTONE HEIGHTS DR
City-State-Zip: VALRICO FL 33594

Title DIRECTOR
Name HENRY, JEFF
Address 2328 VIRGINIA PLACE NE
30305
City-State-Zip: ATLANTA GA 30305

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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: STACEY MATRAZZO**EXECUTIVE DIRECTOR**

02/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HUNT, MELISSA
Address 807 VASSAR ST APT B
City-State-Zip: ORLANDO FL

Title DIRECTOR
Name PRICE, DAVID
Address 813 CAMPBELL AVE
City-State-Zip: LAKE WALES FL 33835

Title DIRECTOR
Name SCHAAG, CAROLYN
Address 22125 DRAW BRIDGE DR
City-State-Zip: LEESBURG FL 34748

Title EXECUTIVE DIRECTOR
Name MATRAZZO, STACEY
Address 1307 NOBLE PLACE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MACKAY, ANNE
Address 120 50 E HIGHWAY 25
City-State-Zip: OCKLAWAHA FL 32179

Title DIRECTOR
Name RUSSELL, MARK
Address 16225 ARROWHEAD TRAIL
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name SMITH, KODY
Address 901 YATES ST
City-State-Zip: ORLANDO FL 32084