

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001078

**Entity Name:** THE FLORIDA WILDFLOWER FOUNDATION, INC.

**Current Principal Place of Business:**

225 S. SWOOPE AVE., STE 110  
MAITLAND, FL 32751

**Current Mailing Address:**

225 S. SWOOPE AVE  
STE 110  
MAITLAND, FL 32751 US

**FEI Number:** 59-3700304

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBERTS, LISA  
225 S. SWOOPE AVE., STE 110  
MAITLAND, FL 32751 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title SECRETARY  
Name WILD, DENA  
Address 1021 W YALE ST.  
City-State-Zip: ORLANDO FL 32804

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

Title SECRETARY  
Name MACKAY, ANNE  
Address 12050 EAST HIGHWAY 25  
City-State-Zip: OCKLAWAHA FL 32179

*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:** TERRY ZINN

CHAIRMAN

02/07/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date