

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002591

Entity Name: JACKSONVILLE ARBORETUM & BOTANICAL GARDENS, INC.**Current Principal Place of Business:**1445 MILLCOE RD.
JACKSONVILLE, FL 32225**Current Mailing Address:**1445 MILLCOE RD.
JACKSONVILLE, FL 32225 US**FEI Number:** 20-1061861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOODY, DANA J
1445 MILLCOE RD.
JACKSONVILLE, FL 32225 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:** DANA J. DOODY

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name JONES, JENNA
Address 11667 GOLDEN LAKE LANE
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name BURR, JOHN
Address 1208 CAMPBELL CIRCLE
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER
Name WHITTINGTON, RONALD P.
Address 3 MILLIE DR
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name POLLAN, ADINA
Address 6812 CABALLERO DR
City-State-Zip: JACKSONVILLE FL 32217

Title BOARD PRESIDENT
Name BLALOCK, KEVIN
Address 13925 WHITE HERON PLACE
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name SCOTT, DEAN
Address 4275 MORENA LANE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name STARNER, LINDSAY
Address 5106 IMPERIAL COVE ROAD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name MCNALLY, ANDREA
Address 3375 BRACHENBURY LANE
City-State-Zip: JACKSONVILLE FL 32225

Continues on page 2

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: DANA J. DOODY**EXECUTIVE DIRECTOR**

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title EXECUTIVE DIRECTOR
Name DOODY, DANA
Address 1445 MILLCOE RD.
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name KLEEMAN, CHARLES
Address 1004 CANDLEBARK DR
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name HENDERSON, SARAH
Address 1548 ROBINSON AVE
APT 1
City-State-Zip: JACKSONVILLE FL 32205

Title TREASURER
Name ROBINSON, ADAM
Address 12970 SPICEBERRY DRIVE
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name CARR, SUSAN
Address 1546 SW 35 PL
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name BLOUNT, JEFF
Address 8647 BAYPINE RD
STE 106
City-State-Zip: JACKSONVILLE FL 32256