

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002591

Entity Name: JACKSONVILLE ARBORETUM & GARDENS, INC.**Current Principal Place of Business:**1397 SHOOTINGSTAR LANE
JACKSONVILLE, FL 32259**Current Mailing Address:**P.O. BOX 350430
JACKSONVILLE, FL 32225 US**FEI Number:** 20-1061861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KLEEMAN, CHARLES E
11376 GOLDEN PLOVER CT
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:** CHARLES KLEEMAN

03/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WYNINGER, CAROL
Address 13809 PLEASANT VALLEY DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR, PRESIDENT
Name JONES, WILLIS
Address 11248 PINTO CT.
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name SIMMONS, MELINDA P. PHD
Address 215 BEACH AVENUE
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR, SECRETARY
Name MATTIS, PAMELA
Address 740 CAMELLIA TERRACE DRIVE
City-State-Zip: NEPTUNE BEACH FL 32266

Title DIRECTOR
Name HENDRYX, MICHELLE
Address 1397 SHOOTINGSTAR LANE
City-State-Zip: JACKSONVILLE FL 32259

Title DIRECTOR, VP
Name GIERUM, LAWRENCE C. ESQ.
Address 1779 CHATHAM VILLAGE DRIVE
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR
Name HUBBUCH, CHARLES E.
Address 16120 HARGETT ROAD
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name SHACTER, MELODY
Address 426 ORANGE BLUFF AVENUE
City-State-Zip: JACKSONVILLE FL 32211

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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: CHARLES KLEEMAN

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, TREASURER
Name KLEEMAN, CHARLES
Address 11376 GOLDEN PLOVER CT
City-State-Zip: JACKSONVILLE FL 32225

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

Title DIRECTOR
Name MAZZA, MARTHA
Address 1639 BEARSKIN LN
City-State-Zip: JACKSONVILLE FL 32225