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NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 756902

1. Corporation Name

BREVARD COUNTY FLORIST ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

2525 AURORA RD
P.O. BOX 36-2026
MELBOURNE FL 32935-4165

Mailing Address

2525 AURORA RD
P.O. BOX 36-2026
MELBOURNE FL 32935-4165



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/24/1981

4. FEI Number

59-2344594

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

9. Name and Address of Current Registered Agent

**LEONARD BECKETT
1225 A S FLORIDA AVE
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

81 Name

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 **VD** ☐ DELETE
NAME **BEVERLY CHRISTO**
STREET ADDRESS **1887 S PATRICK DR**
CITY-ST-ZIP **INDIAN HARBOR BCH FL 32937**

TITLE **PD** ☐ DELETE
NAME **BECKETT, LEONARD**
STREET ADDRESS **1225A S. FLORIDA AVE.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **PD** ☐ DELETE
NAME **DANIEL J JONES**
STREET ADDRESS **140 W MERRITT ISLAND CSWY**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **TD** ☐ DELETE
NAME **LOMAZZO, PATTI**
STREET ADDRESS **2525 AURORA ROAD, SUITE 101**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **Lori Guy VD** ☐ DELETE
NAME **412 Fifth Ave**
STREET ADDRESS **Indialantic, FL 32903**
CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **Kay Mroz**
STREET ADDRESS **906 Elmont St NW**
CITY-ST-ZIP **Palm Bay FL 32909**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Beckett, Leonard**
2.3 STREET ADDRESS **1225 A S. Florida Ave**
2.4 CITY-ST-ZIP **Rockledge, FL 32955**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME **Daniel J. Jones**
3.3 STREET ADDRESS **140 W. Merritt Island Cswy**
3.4 CITY-ST-ZIP **Merritt Island, FL 32952**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Patricia A. Lomazzo

Date

Daytime Phone #

CR2E037 (11/98)