

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718128

FILED
Apr 01, 2008
Secretary of State

Entity Name: FLORIDA STATE FLORISTS ASSOCIATION

Current Principal Place of Business:

4942 HWY 98 W
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1030
SANTA ROSA BEACH, FL 324591030 US

New Mailing Address:

FEI Number: 59-6166674 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RUSS, BARLEY EXE SEC
4942 HWY 98 W
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THIGPEN, BALI
Address: 199 E BASE STREET
City-St-Zip: MADISON, FL 32340

Title: PE () Delete
Name: CROSS, WINNIE
Address: 1570 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP () Delete
Name: METCALF, LISA
Address: 1200 N MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: JOHNSON, LIZZ
Address: 5417 LAKE HOWELL RD
City-St-Zip: WINTER PARK, FL 32792

Title: ES () Delete
Name: BARLEY, RUSS
Address: P.O. BOX 1030
City-St-Zip: SANTA ROSA BEACH, FL 324591030

Title: T () Delete
Name: VASCONCELO, CHRISTINE
Address: 1441 E FLETCHER SE SUITE 111
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE VASCONCELO

TRES

04/01/2008

Electronic Signature of Signing Officer or Director

Date