

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718128

Entity Name: FLORIDA STATE FLORISTS ASSOCIATION**Current Principal Place of Business:**134 WATERVIEW DR
FREEPORT, FL 32439**Current Mailing Address:**P O BOX 1030
SANTA ROSA BEACH, FL 32459-1030 US**FEI Number:** 59-6166674**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUSS, BARLEY EXE SEC
134 WATERVIEW DR
FREEPORT, FL 32439 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	PRES
Name	PARKER, JESICA
Address	1200 N MONROE ST
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP
Name	MCCALL, JACOB
Address	7780 NW 78TH AVE APT 314
City-State-Zip:	TAMARAC FL 33321

Title	ES
Name	BARLEY, RUSS
Address	P.O. BOX 1030
City-State-Zip:	SANTA ROSA BEACH FL 32459-1030

Title	PE
Name	DARNELL-GARBARZ, DARENDA
Address	240 S KROME AVE
City-State-Zip:	HOMESTEAD FL 33030

Title	S
Name	ARD, TIM
Address	134 WATERVIEW DR
City-State-Zip:	FREEPORT FL 32439

Title	T
Name	BROCK, STAN
Address	P O BOX 2424
City-State-Zip:	FT WALTON BEACH FL 32549

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: JESICA PARKER**PRES****04/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date