

**2014 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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

Title	PRES
Name	DARNELL-GARBARZ, DARENDA
Address	240 S. KROME AVENUE
City-State-Zip:	HOMESTEAD FL 33030

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

Title	VP
Name	CANADY, RODNEY
Address	1765 EAST 9 MILE ROAD
City-State-Zip:	PENSACOLA FL 32514

Title	S
Name	CARR, TERRE
Address	1305 N. EGLIN PARKWAY
City-State-Zip:	SHALIMAR FL 32579

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

Title	T
Name	SWICK, ANTHONY
Address	203 W. PLATT STREET
City-State-Zip:	TAMPA FL 33606

*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:** DARENDA DARNELL-GARBARZ**PRESIDENT****07/18/2014**

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Electronic Signature of Signing Officer/Director Detail

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Date