FILED
May 29, 2002 8:00 am
Secretary of State
04-17-2002 90163 043 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706370

1. Entity Name
Florida Home Furnishings Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 1249	999 Douglas Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2221
City & State: High Point, NC	City & State: Altamonte Springs, FL
Zip: 27261 Country: USA	Zip: 32714 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7000294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Phillipps, Jennifer
Street Address (P.O. Box Number is Not Acceptable): 999 Douglas Avenue Suite 2221
City: Altamonte Springs FL Zip Code: 32714

8. 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: Jennifer Phillipps Jennifer Phillipps, Director 5.6.02
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT C J Royal 324 SW 16th ST Belle Glade, FL. 33430-2824 D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C.O. Jennifer Phillipps 999 Douglas Ave. Altamonte Springs, FL. 32714 D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Richard Bayne 3500 45th St. W. Palm Bch. FL. 33407 D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Richard Harrison 1330 S. Missouri Ave. Clearwater, FL. 33756 D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Jennifer Phillipps 999 Douglas Ave Altamonte Springs FL. 32714 D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Phillipps 4-8-02 407-682-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #