

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706370

FILED  
Feb 28, 2005  
Secretary of State

Entity Name: FLORIDA HOME FURNISHINGS ASSOCIATION, INC.

## Current Principal Place of Business:

PO BOX 1249  
HIGH POINT, NC 27261 US

## New Principal Place of Business:

## Current Mailing Address:

999 DOUGLAS AVE STE 2221  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

FEI Number: 23-7000294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILLIPPS, JENNIFER  
999 DOUGLAS AVE, SUITE 2221  
ALTAMONTE SPRINGS, FL 32714 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: PD ( ) Delete  
Name: BAYNE, RICHARD MR.  
Address: 3500 45TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD ( ) Delete  
Name: HARRISON, RICHARD D MR.  
Address: 1330 S. MISSOURI AVENUE  
City-St-Zip: CLEARWATER, FL 337563530

Title: VPD ( ) Delete  
Name: GONYEA, DAVE MR.  
Address: PO BOX 497  
City-St-Zip: MULBERRY, FL 33860

Title: VPD ( ) Delete  
Name: CLEVELAND, CRAIG MR.  
Address: 7350 TALONA DRIVE, SUITE E  
City-St-Zip: WEST MELBOURNE, FL 329041602 US

Title: S ( ) Delete  
Name: TURNER, LISA MS.  
Address: 2900 US 27 SOUTH  
City-St-Zip: AVON PARK, FL 338259759

Title: TD ( ) Delete  
Name: PHILLIPPS, JENNIFER L MS.  
Address: 999 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BAYNE, RICHARD MR.  
Address: 3500 45TH STREET  
City-St-Zip: WEST PALM BEACH, FL 334071899

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

Title: VPD (X) Change ( ) Addition  
Name: GONYEA, DAVE MR.  
Address: PO BOX 497  
City-St-Zip: MULBERRY, FL 338600497

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

Title: ( ) Change ( ) Addition  
Name:  
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 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 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: JENNIFER PHILLIPPS

TD

02/28/2005

Electronic Signature of Signing Officer or Director

Date