

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90363 001 ****61.25

DOCUMENT # 706370
 1. Entity Name
FLORIDA HOME FURNISHINGS ASSOCIATION, INC.



Principal Place of Business
~~PO BOX 1240~~
~~HIGH POINT, NC 27261 US~~

Mailing Address
999 DOUGLAS AVE STE 2221
ALTAMONTE SPRINGS, FL 32714 US

60065000



2. Principal Place of Business
3910 TINSLEY DR
 Suite, Apt. #, etc.
SUITE 105

3. Mailing Address
1330 S. MISSOURI
 Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State
HIGH POINT

City & State
CLEARWATER, FL

Zip Country
27265 US

Zip Country
33756 US

4. FEI Number
23-7000294

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PHILLIPPS, JENNIFER
999 DOUGLAS AVE, SUITE 2221
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent
 Name **RICHARD D. HARRISON**
 Street Address (P.O. Box Number is Not Acceptable)
1330 S. MISSOURI AVE.
 City **CLEARWATER FL** Zip Code **33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard D. Harrison*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYNE, RICHARD MR.		NAME	RICHARD D. HARRISON	
STREET ADDRESS	3500 45TH STREET		STREET ADDRESS	1330 S. MISSOURI AVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 334071899		CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, RICHARD D MR.		NAME	DAVID GONYEA	
STREET ADDRESS	1330 S. MISSOURI AVENUE		STREET ADDRESS	P.O. BOX 497	
CITY-ST-ZIP	CLEARWATER, FL 337563530		CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONYEA, DAVE MR.		NAME	JEARY BAER	
STREET ADDRESS	PO BOX 497		STREET ADDRESS	1589 N.W. 12 AVENUE	
CITY-ST-ZIP	MULBERRY, FL 338600497		CITY-ST-ZIP	POMEROY BEACH FL 33069	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVELAND, CRAIG MR.		NAME	ALICE ANN BAYNE	
STREET ADDRESS	7350 TALONA DRIVE, SUITE E		STREET ADDRESS	3500 46TH ST	
CITY-ST-ZIP	WEST MELBOURNE, FL 329041602		CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, LISA MS.		NAME		
STREET ADDRESS	2900 US 27 SOUTH		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 338259759		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPPS, JENNIFER L MS.		NAME	PEGGY CAPO	
STREET ADDRESS	999 DOUGLAS AVENUE		STREET ADDRESS	4700 NW 16TH ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	MIAMI GARDENS FL 33054	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard D. Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-10-06 Daytime Phone # 727/446-5947