

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 718128

1. Entity Name
FLORIDA STATE FLORISTS ASSOCIATION



Principal Place of Business
**1612 S DIXIE HWY
LAKE WORTH, FL 33460-5856 US**

Mailing Address
**1612 S DIXIE HWY
LAKE WORTH, FL 33460**

DO NOT WRITE IN THIS SPACE



04252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-6166674

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**METZ, J WALTER JR.
1612 S DIXIE HWY
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARLEY, RUSS
STREET ADDRESS	P.O. BOX 1030
CITY-ST-ZIP	SANTA ROSA BEACH, FL 324591030
TITLE	VPT
NAME	THIGPEN, BALI
STREET ADDRESS	300 S RANGE ST
CITY-ST-ZIP	MADISON, FL 323402344
TITLE	D
NAME	J WALTER METZ JR
STREET ADDRESS	1612 S. DIXIE HWY
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	S
NAME	GRUBBS, KIM
STREET ADDRESS	1875-B SO 14TH ST
CITY-ST-ZIP	AMELIY ISLAND, FL 320343033
TITLE	D
NAME	HASSETT, NICOLE
STREET ADDRESS	P.O. BOX 1030
CITY-ST-ZIP	SANTA ROSA BEACH, FL 324591030
TITLE	T
NAME	HALL, ANN
STREET ADDRESS	586 FERDON BLVD
CITY-ST-ZIP	CRESTVIEW, FL 325364238

U00000561889
05/19/06-80032-024 61.25

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IN THIS SPACE**

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: *Ann Hall* **Ann Hall**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-29-06