

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718128

FILED
Feb 15, 2010
Secretary of State

Entity Name: FLORIDA STATE FLORISTS ASSOCIATION

Current Principal Place of Business:

4942 HWY 98 W
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1030
SANTA ROSA BEACH, FL 324591030 US

New Mailing Address:

FEI Number: 59-6166674 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RUSS, BARLEY EXE SEC
4942 HWY 98 W
SANTA ROSA BEACH, FL 32459 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: PRES
Name: CROSS, WINNIE
Address: 1570 US 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 32084

Title: PE
Name: METCALF, LISA
Address: 1200 N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP
Name: PARKER, JESICA
Address: 1200 N MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: S
Name: BROCKL, STAN
Address: 3 ELGIN PARKWAY
City-St-Zip: FT WALTON BEACH, FL 32548

Title: ES
Name: BARLEY, RUSS
Address: P.O. BOX 1030
City-St-Zip: SANTA ROSA BEACH, FL 324591030

Title: T
Name: VASCONCELO, CHRISTINE
Address: 1441 E FLETCHER AVE SUITE 111
City-St-Zip: TAMPA, FL 33612

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: CHRISTINE VASCONCELO

TRE

02/15/2010

Electronic Signature of Signing Officer or Director

Date