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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:45

DOCUMENT # 745615 (5)

1. Corporation Name

VOLUSIA COUNTY FLORISTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4054 RIDGEWOOD AVE. P. O. BOX 1571 PT. ORANGE FL 32127 US	4054 RIDGEWOOD AVE. PT. ORANGE FL 32127 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1979
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2867096 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 8029
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ALLANDALE FL
Zip 24 / Country 25	Zip 29 32123 / Country 30

9. Name and Address of Current Registered Agent

MATZ, RAY
4054 RIDGEWOOD AVE.
PT. ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MATZ, RAY	12 NAME	
STREET ADDRESS	4054 RIDGEWOOD AE.	13 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	~~CINDI BERG~~ VD ☒ Change ☐ Addition
NAME	GIBBS, AMY	22 NAME	CINDI BERG
STREET ADDRESS	1244 PALM COAST PKWY., S.W.	23 STREET ADDRESS	4054 RIDGEWOOD AVE
CITY-ST-ZIP	PALM COAST FL	24 CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	TD	31 TITLE	TD ☒ Change ☐ Addition
NAME	RUSNAK, JOANNE	32 NAME	CATHERINE GARDNER
STREET ADDRESS	4170 S. RIDGEWOOD AVE.	33 STREET ADDRESS	5346 S RIDGEWOOD AVE
CITY-ST-ZIP	PT. ORANGE FL	34 CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	MOLINER, MARYANN	42 NAME	LILA ELLIS
STREET ADDRESS	421 N. YONGE ST	43 STREET ADDRESS	1300 BELLEVUE AVE
CITY-ST-ZIP	ORMOND BCH FL	44 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Catherine R Gardner CATHERINE R GARDNER 6-12-95 904 767-5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000663