

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

**P O BOX 8029
ALLANDALE F: 32123
US**

3. Date Incorporated or Qualified
01/18/1979

3a. Date of Last Report
06/15/1995

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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MATZ, RAY
STREET ADDRESS 4054 RIDGEWOOD AVE.
CITY-ST-ZIP PT. ORANGE FL

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME RICK RIVERS
1.3 STREET ADDRESS 321 N. HIGHWAY US-1
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VD ☒ DELETE
NAME BERG, CINDI
STREET ADDRESS 4054 RIDGEWOOD AVE
CITY-ST-ZIP PORT ORANGE FL

2.1 TITLE VD ☐ Change ☐ Addition
2.2 NAME SHIRLEY LILLY
2.3 STREET ADDRESS 121 FLAGLER AVE
2.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE TD ☐ DELETE
NAME GARDNER, CATHERINE
STREET ADDRESS 5346 RIDGEWOOD AVE
CITY-ST-ZIP PORT ORANGE FL

3.1 TITLE CINDI BERG SD ☐ Change ☐ Addition
3.2 NAME 4054 RIDGEWOOD AVE,
3.3 STREET ADDRESS PORT ORANGE, FL 32127
3.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME ELLIS, LILA
STREET ADDRESS 1300 BELLEVUE AVE
CITY-ST-ZIP DAYTONA BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)