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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
USP O BOX 8029
ALLANDALE F: 32123
US3. Date Incorporated or Qualified
01/18/19793a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 5346 RIDGEWOOD AVE

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PORT ORANGE

27

City & State

City & State

23 FL

28

Zip

Country

Zip

Country

24 32127

25

US

29

30

4. FEI Number

59-1934792

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

GARDNER, STEPHEN

82 Street Address (P.O. Box Number is Not Acceptable)

5346 S. RIDGEWOOD AVE

83

PORT ORANGE

84 City

FL

85

Zip Code

32127

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 reinstating)

DATE

Stephen G. Gardner

1/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME RIVERS, RICK
STREET ADDRESS 321 NORTH HIGHWAY US-1
CITY-ST-ZIP ORMOND BEACH FLTITLE VD ☒ DELETE
NAME LILLY, SHIRLEY
STREET ADDRESS 121 FLAGLER AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FLTITLE TD ☒ DELETE
NAME GARDNER, CATHERINE
STREET ADDRESS 5346 RIDGEWOOD AVE
CITY-ST-ZIP PORT ORANGE FLTITLE SD ☒ DELETE
NAME BERG, CINDI
STREET ADDRESS 4054 RIDGEWOOD AVENUE
CITY-ST-ZIP PORT ORANGE FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE LILLY, SHIRLEY PD ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 121 FLAGLER AVE,
1.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL2.1 TITLE VD ☐ Change ☐ Addition
2.2 NAME RICHARD STOKES
2.3 STREET ADDRESS 208 E. OHIO AVE
2.4 CITY-ST-ZIP DELAND, FL3.1 TITLE TD ☐ Change ☐ Addition
3.2 NAME STEPHEN GARDNER
3.3 STREET ADDRESS 5346 RIDGEWOOD AVE
3.4 CITY-ST-ZIP PORT ORANGE, FL4.1 TITLE SD ☐ Change ☐ Addition
4.2 NAME BECKY WRIGHT
4.3 STREET ADDRESS 121 FLAGLER AVE
4.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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:

STEPHEN G. GARDNER

1/11/97

904-767-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077299

CR2E037 (9/96)