

FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90112 045 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745615

1. Corporation Name

VOLUSIA COUNTY FLORISTS' ASSOCIATION, INC.

Principal Place of Business

5346 RIDGEWOOD AVE
PT. ORANGE FL 32127
US

Mailing Address

P O BOX 8029
ALLANDALE F: 32123
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/18/1979

4. FEI Number

59-1934792

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

9. Name and Address of Current Registered Agent

GARDNER, STEPHEN
5346 S RIDGEWOOD AVE
PORT 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 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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STOKES, RICHARD ☒ DELETE
STREET ADDRESS 208 E OHIO AVE
CITY-ST-ZIP DELAND FL 32724

TITLE VPD
NAME DORAJEAN, MULLER ☒ DELETE
STREET ADDRESS 161 W WASHINGTON AVE
CITY-ST-ZIP PIERSON FL 32180

TITLE SD
NAME SMITH, HARRY ☒ DELETE
STREET ADDRESS 130 S CHARLES ST
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME GLENN KAPSCH
1.3 STREET ADDRESS 433 SILVER BCH DR
1.4 CITY-ST-ZIP HOLLY HILL, FL 32117

2.1 TITLE VPD ☐ Change ☐ Addition
2.2 NAME LARRY LUCAS
2.3 STREET ADDRESS 130 S CHARLES ST.
2.4 CITY-ST-ZIP DAYTONA BCH, FL 32114

3.1 TITLE SD ☐ Change ☐ Addition
3.2 NAME TIMOTHY MCCOLLOUGH
3.3 STREET ADDRESS 1133 CLEARWATER RD
3.4 CITY-ST-ZIP DAYTONA, FL 32114

4.1 TITLE TD ☐ Change ☐ Addition
4.2 NAME VALICIA R. CAIN
4.3 STREET ADDRESS 1240 OCEANSHORE BLVD
4.4 CITY-ST-ZIP ORMONO, FL 32176

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered

SIGNATURE:

Valicia R. Cain
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 904-441-0200

Date

Daytime Phone #

CR2E037 (11/98)