

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90089 026 ****61.25

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DOCUMENT # 749337

1. Corporation Name

SOUTH WEST FLORIDA FLORISTS ASSOCIATION, INC.

Principal Place of Business

EASTWAY FLOWERS
4546 PALM BEACH BLVD
FORT MYERS FL 33905
US

Mailing Address

EASTWAY FLOWERS
4546 PALM BEACH BLVD
FORT MYERS FL 33905
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/16/1979

4. FEI Number

59-2350645

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

MARSH, SERENA
4546 PALM BEACH WAY
EASTWAY FLOWERS
FORT MYERS FL 33905

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: *Serena Marsh President*

SERENA MARSH

1-4-99 SAME AS ABOVE

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 VP ☐ DELETE
NAME PLATT, ROBERTA
STREET ADDRESS 509 9TH STREET
CITY-ST-ZIP NAPLES FL

TITLE P ☐ DELETE
NAME MARSH, SERENA
STREET ADDRESS 4814 PALM BEACH BLVD.
CITY-ST-ZIP FT. MYERS FL

TITLE D ☐ DELETE
NAME KERRIGAN, MEG
STREET ADDRESS 3483 MALAGA WAY
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☐ DELETE
NAME MOORE, VALORIE
STREET ADDRESS 891 VANDERBILT BEACH RD
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☒ DELETE
NAME KING, LINDA
STREET ADDRESS 16202 2ND ST
CITY-ST-ZIP FORT MYERS FL 33905

TITLE D ☐ DELETE
NAME FABER, NORENE
STREET ADDRESS 900 TAMiami TR
CITY-ST-ZIP PT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Marsh, Serena
2.3 STREET ADDRESS 4546 PALM BEACH BLVD
2.4 CITY-ST-ZIP Fort Myers FL 33905

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME McNeill, Amanda
5.3 STREET ADDRESS 919 SW 31st Terrace
5.4 CITY-ST-ZIP CAPE CORAL FL

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: *Serena Marsh* SERENA MARSH 1-4-99 941-694-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)