

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751291

FILED
Mar 09, 2004
Secretary of State

Entity Name: FLORICULTURE INDUSTRY RESEARCH AND SCHOLARSHIP TRUST (FIRST) INC.

Current Principal Place of Business:

809 N HARRISON
EAST LANSING, MI 48823 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 280
EAST LANSING, MI 488260280 US

New Mailing Address:

FEI Number: 59-1975717 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUMPHRIES, J. BOB
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORFIELD, JUDY
Address: 103 BROOKFIELD LANE
City-St-Zip: GENEVA, IL 601341714

Title: DV () Delete
Name: KELLY, LELA
Address: 2090 SUNNYDALE BLVD
City-St-Zip: CLEARWATER, FL 33765

Title: DST () Delete
Name: BARTLETT, DOROTHY
Address: MOTHBALL WAY
City-St-Zip: NANTUCKET, MA 02554

Title: D () Delete
Name: UMSTEAD, JAN
Address: 622 TOWN RD
City-St-Zip: W CHICAGO, IL

Title: DP () Delete
Name: STILES, TIM
Address: 2125 72ND STREET SW
City-St-Zip: BYRON CENTER, MI 49315

Title: DM () Delete
Name: WILLBRANDT, WILLIAM T
Address: 809 N HARRISON
City-St-Zip: EAST LANSING, MI 48823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KELLY, LELA
Address: 2090 SUNNYDALE BLVD
City-St-Zip: CLEARWATER, FL 33765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: MAROTTA, JUSTIN
Address: 5384 POSSUM RUN RD
City-St-Zip: BELLVILLE, OH 44813

Title: DV (X) Change () Addition
Name: STILES, TIM
Address: 2125 72ND STREET SW
City-St-Zip: BYRON CENTER, MI 49315

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. WILLBRANDT

DM

03/09/2004

Electronic Signature of Signing Officer or Director

Date