

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751291

FILED  
May 26, 2005  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: D ( ) 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: DP ( ) Delete  
Name: MAROTTA, JUSTIN  
Address: 5384 POSSUM RUN RD  
City-St-Zip: BELLVILLE, OH 44813

Title: DV ( ) 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: D (X) Change ( ) Addition  
Name: CORFIELD, JIM  
Address: 103 BROOKFIELD LANE  
City-St-Zip: GENEVA, IL 601341714

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

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

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

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

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

05/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date