SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $325)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756902 (3)

1. Corporation Name
BREVARD COUNTY FLORIST ASSOCIATION OF FLORIDA, I NC.

Principal Place of Business	Mailing Address
2525 AURORA RD P.O. BOX 36-2026 MELBOURNE FL 32935-4165	2525 AURORA RD P.O. BOX 36-2026 MELBOURNE FL 32935-4165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1981
3a. Date of Last Report: 07/13/1994
4. FEI Number: 59-2344594 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WHORLEY, JOANN
2525 AURORA ROAD
MELBOURNE FL 32935

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	FLEMING, LYNN	12 NAME	Whorley JoAnn	
STREET ADDRESS	2525 AURORA ROAD #101	13 STREET ADDRESS	2525 Aurora Rd	
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	Melbourne, Fl. 32935	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BEVERY, CHRISTO	22 NAME		
STREET ADDRESS	2525 AURORA ROAD #101	23 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	WHORLEY, JOANN	32 NAME		
STREET ADDRESS	2525 AURORA ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	LOMAZZO, PATTI	42 NAME		
STREET ADDRESS	2525 AURORA ROAD, SUITE 101	43 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

PR 7/31

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: JoAnn Whorley JOANN Whorley 6/27/95 239-242-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone Number)

0005324