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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified

03/24/1981

4. FEI Number

59-2344594

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHORLEY, JOANN
2525 AURORA ROAD
MELBOURNE FL 32935

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1225 A. S Florida Ave.

83

84 City

Rockledge,

FL

85 Zip Code
32955

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME WHORLEY, JOANN
STREET ADDRESS 2525 AURORA RD
CITY-ST-ZIP MELBOURNE FL 32935

TITLE VD ☐ DELETE
NAME BECKETT, LEONARD
STREET ADDRESS 1225A S. FLORIDA AVE.
CITY-ST-ZIP ROCKLEDGE FL

TITLE PD ☒ DELETE
NAME WHORLEY, JOANN
STREET ADDRESS 2525 AURORA ROAD
CITY-ST-ZIP MELBOURNE FL 32935

TITLE TD ☐ DELETE
NAME LOMAZZO, PATTI
STREET ADDRESS 2525 AURORA ROAD, SUITE 101
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Pres ☒ Change ☐ Addition
1.2 NAME Beckett, Leonard
1.3 STREET ADDRESS 1225 A S. Florida Ave.
1.4 CITY-ST-ZIP Rockledge, FL 32955

2.1 TITLE DVD ☐ Change ☒ Addition
2.2 NAME Beverly Christo
2.3 STREET ADDRESS 1887 S. Patrick Dr. Indian Harbor
2.4 CITY-ST-ZIP Beach, FL 32937

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 Sec'y D ☐ Change ☒ Addition
5.2 NAME Daniel J. Jones
5.3 STREET ADDRESS 140 W. Merritt Isl Cswy. Merritt Isl
5.4 CITY-ST-ZIP FL 32952

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.

SIGNATURE: Patricia A. Lomazzo Patricia A. Lomazzo 4/6/98 Tres.

CR2E037 (10/97)