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FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756902 (3)  
1. Corporation Name  
BREVARD COUNTY FLORIST ASSOCIATION OF FLORIDA, INC.



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

24 25 29 30

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

WHORLEY, JOANN  
2525 AURORA ROAD  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name  
Leonard Beckett

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 *Leonard Beckett* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	WHORLEY, JOANN
STREET ADDRESS	2525 AURORA RD
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	VD <input type="checkbox"/> DELETE
NAME	BECKETT, LEONARD
STREET ADDRESS	1225A S. FLORIDA AVE.
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WHORLEY, JOANN
STREET ADDRESS	2525 AURORA ROAD
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	TD <input type="checkbox"/> DELETE
NAME	LOMAZZO, PATTI
STREET ADDRESS	2525 AURORA ROAD, SUITE 101
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Sec'y D <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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)