


FILE NOW: FILING FEE IS \$61.25

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**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90001 021 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756902** ✓

1. Corporation Name  
**BREVARD COUNTY FLORIST ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business 2525 AURORA RD P.O. BOX 36-2026 MELBOURNE FL 32935-4165	Mailing Address 2525 AURORA RD P.O. BOX 36-2026 MELBOURNE FL 32935-4165
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/24/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2344594
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent  <b>LEONARD BECKETT</b> <b>1225 A S FLORIDA AVE</b> <b>ROCKLEDGE FL 32955</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_  
Signatures, 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 VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEVERLY CHRISTO		1.2 NAME	
STREET ADDRESS 1887 S PATRICK DR		1.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN HARBOR BCH FL 32937		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECKETT, LEONARD		2.2 NAME	Beckett, Leonard
STREET ADDRESS 1225A S. FLORIDA AVE.		2.3 STREET ADDRESS	1225 A S. Florida Ave
CITY-ST-ZIP ROCKLEDGE FL 32955		2.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIEL J JONES		3.2 NAME	Daniel J. Jones
STREET ADDRESS 140 W MERRITT ISLAND CSWY		3.3 STREET ADDRESS	140 W. Merritt Island Cswy
CITY-ST-ZIP MERRITT ISLAND FL 32952		3.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOMAZZO, PATTI		4.2 NAME	
STREET ADDRESS 2525 AURORA ROAD, SUITE 101		4.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 32935		4.4 CITY-ST-ZIP	
TITLE Lori Guy VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 412 Fifth Ave		5.3 STREET ADDRESS	
CITY-ST-ZIP Indialantic, FL 32903		5.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS Kay Mroz		6.3 STREET ADDRESS	
CITY-ST-ZIP 906 Elmont St NW		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, with all other like empowered.

SIGNATURE: Patricia A. Lomazzo Patricia A. Lomazzo 6/30/99 407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)