2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N08000008817

Entity Name: CENTRAL FLORIDA FLORISTS ASSOCIATION INC

Current Principal Place of Business:

5417 LAKE HOWELL ROAD
WINTER PARK, FL 32792

New Principal Place of Business:

1402 B ALTALOMA AVE
ORLANDO, FL 32803

Current Mailing Address:

5417 LAKE HOWELL ROAD
WINTER PARK, FL 32792

New Mailing Address:

1402 B ALTALOMA AVE
ORLANDO, FL 32803

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LIZ
7306 WINDING LAKE CR
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RYAN, TIM
1402 B ALTALOMA AVE
ORLANDO, FL 32803 US

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: TIM RYAN 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, LIZ
Address: 7306 WINDING LAKE CR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: RYAN, TIM
Address: 1402 B ALTALOMA AVE
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIM RYAN T 04/27/2009
Electronic Signature of Signing Officer or Director Date