

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N44541 (3)**  
1. Corporation Name  
**WEST COAST FLORIST ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business  
**5904 7TH ST.  
ZEPHYRHILLS FL 33540**

Mailing Address  
**5904 7TH ST.  
ZEPHYRHILLS FL 33540**

3. Date Incorporated or Qualified <b>08/02/1991</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3131086</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>2083 Montana Ave NE</b> Suite, Apt. #, etc.	2a. Mailing Address 25 <b>2083 MONTANA AVE NE</b> Suite, Apt. #, etc.
22 City & State 23 <b>ST. PETERSBURG, FL</b>	27 City & State 28 <b>ST. PETERSBURG, FL</b>
24 Zip <b>33703</b> 25 Country <b>USA</b>	29 Zip <b>33703</b> 30 Country <b>USA</b>

## 9. Name and Address of Current Registered Agent

**LUDWIG, JUDY  
2083 MONTANA AVE NE  
ST PETERSBURG FL 33703**

## 10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

*Judy Ludwig*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-22-96**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HARRIS, SUE 435 FIRST ST. S. WINTER HAVEN FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT - D TERRI FLOOD 4243 EL PRADO TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ARNOLD, ROBYN 5904 7TH STREET ZEPHYRHILLS FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VICE PRESIDENT - D STARR, DON 2730 W COLUMBUS DR TAMPA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DRS STARR, DON 2730 W. COLUMBUS DRIVE TAMPA FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>RECORDING SECRETARY HYDER, Betty Jo 5904 7TH ST. ZEPHYRHILLS, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP FLOOD, TERRI 4245 HENDERSON BLVD NEW PT. RICHEY FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>CORRESPONDING SECRETARY RIVERS, RANDI 405 S PINEAPPLE SARASOTA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT LUDWIG, JUDY 2083 MONTANA AVE NE ST PETERSBURG FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>ALLIED TRADE REP - T STEPHENSON, DICK 1208 E Comanche TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>Deposited by Bank</b>

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: *Judy Ludwig* *Judy Ludwig* **1-22-96 - 813-522-3624**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

13-18-1996