

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 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 33540-35023. Date Incorporated or Qualified  
08/02/19913a. Date of Last Report  
03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 12634 Castle Hill Dr

Suite, Apt. #, etc.

27 City &amp; State

28 Tampa FL

Zip

Country

29

33624

30 Hillborough

4. FEI Number  
59-3131086X Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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 John W. Stephenson  
82 Street Address (P.O. Box Number is Not Acceptable)  
12634 Castle Hill Drive  
83  
84 City Tampa FL 85 Zip Code 33624

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 its 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

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, SUE	
STREET ADDRESS	435 FIRST ST. S.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, ROBYN	
STREET ADDRESS	5904 7TH STREET	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	DRS	<input checked="" type="checkbox"/> DELETE
NAME	STARR, DON	
STREET ADDRESS	2730 W. COLUMBUS DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	FLOOD, TERRI	
STREET ADDRESS	4245 HENDERSON BLVD	
CITY - ST - ZIP	NEW PT. RICHEY FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LUDWIG, JUDY	
STREET ADDRESS	2083 MONTANA AVE NE	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHARON KERSTING	
1.3 STREET ADDRESS	5651 PARK STREET NORTH	
1.4 CITY - ST - ZIP	St. Petersburg FL 33709	
2.1 TITLE	DVP Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDDIE PAYNE	
2.3 STREET ADDRESS	5904 7TH ST.	
2.4 CITY - ST - ZIP	Zephyrhills FL 33540	
3.1 TITLE	DRS Recording Sect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jon Goodchild	
3.3 STREET ADDRESS	35164 U.S. Highway 19 North	
3.4 CITY - ST - ZIP	Palm Harbor 34683	
4.1 TITLE	DT Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John W. Stephenson	
4.3 STREET ADDRESS	12634 Castle Hill Dr	
4.4 CITY - ST - ZIP	Tampa FL 33624	
5.1 TITLE	DCS Corresponding Sect.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Patrick Pearson SA	
5.3 STREET ADDRESS	6049 26th St. West	
5.4 CITY - ST - ZIP	Bradenton FL 34207	
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 do 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:

John W. Stephenson  
TREASURER

1-8-97 813-561-8228

CR2E037 (9/96)