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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44541

1. Corporation Name

WEST COAST FLORIST ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

5904 7TH ST.
ZEPHYRHILLS FL 33540

Mailing Address

12634 CASTLE HILL DR
TAMPA FL 33624
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 17818
Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/02/1991

4. FEI Number

59-3131086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STEPHENSON, JOHN W
121634 CASTLE HILL DR
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

Edmund J. Oman

82 Street Address (P.O. Box Number is Not Acceptable)

6106 Riviera Lane

83

84 City

New Port Richey

FL

85 Zip Code

34655

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP

STREET ADDRESS PAYNE, EDDIE

CITY-ST-ZIP 5904 7TH ST

ZEPHYRHILLS FL

TITLE ☐ DELETE

NAME DVD

STREET ADDRESS PROSSER, FRONA

CITY-ST-ZIP 3106 BAY TO BAY BLVD

TAMPA FL 33629

TITLE ☐ DELETE

NAME DRS

STREET ADDRESS GOODCHILD, JON

CITY-ST-ZIP 35164 US HWY 19 N

PALM HARBOR FL

TITLE ☐ DELETE

NAME DT

STREET ADDRESS STEPHENSON, JOHN W

CITY-ST-ZIP 12634 CASTLE HILL DR

TAMPA FL

TITLE ☐ DELETE

NAME DCS

STREET ADDRESS AYRES, SHERI

CITY-ST-ZIP 6623 RETIREMENT DR, LOT #92

PORT RICHEY FL 34668

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP

1.3 STREET ADDRESS Prosser, Fiona

1.4 CITY-ST-ZIP 3106 Bay to Bay Blvd

Tampa, FL 33629

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DV

2.3 STREET ADDRESS Goodchild, Jon

2.4 CITY-ST-ZIP 35164 US 19 N

Clearwater, FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DT

3.3 STREET ADDRESS Oman, Edmund

3.4 CITY-ST-ZIP 6106 Riviera Lane

New Port Richey, FL 34655

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME DRS

4.3 STREET ADDRESS Yeager, Erlene

4.4 CITY-ST-ZIP 1805 Watrous Ave

Tampa, FL 33606

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edmund J. Oman 3-19-99 727 934-0262
Date Daytime Phone #

CR2E037 (11/98)