

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90044 049 ****61.25

DOCUMENT # N44541

1. Entity Name
WEST COAST FLORIST ASSOCIATION OF FLORIDA,
INC.



Principal Place of Business
5904 7TH ST.
ZEPHYRHILLS, FL 33542

Mailing Address
P.O. BOX 2112
ZEPHYRHILLS, FL 33539 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3131086

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEIGHTON, RICHARD L
5904 7TH ST
ZEPHYRHILLS, FL 33542

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME AYRES, SHERI
STREET ADDRESS 6152 RIDGE RD.
CITY-ST-ZIP PT. RICHEY, FL 34558

TITLE DV ☐ Delete
NAME CUSAMANO, NANCY
STREET ADDRESS 7520 VIENNA LN.
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE DT ☐ Delete
NAME DEIGHTON, RICHARD
STREET ADDRESS 5904 7TH ST
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE DS ☐ Delete
NAME LOWRY, SHARON
STREET ADDRESS 2509 W. BUSCH BLVD.
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME DONALD STARR
STREET ADDRESS 18113 SAILFISH DR #B
CITY-ST-ZIP TAMPA, FL LUTZ, FL 33558

TITLE DV ☒ Change ☐ Addition
NAME LOWRY, SHARON
STREET ADDRESS 2509 W BUSCH BLVD
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition
NAME MARY WARMACK
STREET ADDRESS 11140 N 30TH STREET
CITY-ST-ZIP TAMPA, FL 33612

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Deighton RICHARD DEIGHTON

1/14/04

813-782-1106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #