

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 # **N47726** (7)

1. Corporation Name

GREENS/GREEN PARTY OF FLORIDA, INC.



Principal Place of Business

% ALLEN JOSEPH
FSU BOX 60049
TALLAHASSEE FL 32313

Mailing Address

THE GREEN PARTY OF FLORIDA
P.O. BOX 10294
PENSACOLA FL 32524-0294

3. Date Incorporated or Qualified
03/06/1992

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **% Johnny Ardis**

26

4. FEI Number
59-3132089

Applied For
Not Applicable

22 Suite, Apt. #, etc.
2343 Wyatt St.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
Pensacola, FL

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
32514

25 Country
USA

29 Zip
30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPH, ALLEN
% SIMPLER SOLAR SYSTEMS
3118 W THARPE ST
TALLAHASSEE FL 32303

81 Name **Johnny Ardis**

82 Street Address (P.O. Box Number is Not Acceptable):
2343 Wyatt St.

83

84 City **Pensacola**

FL

85 Zip Code
32514

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

Johnny Ardis

Johnny Ardis

4-6-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TC ALLEN, JOSEPH FSU BX 60049 N/A TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T SANPHY, PATTY 903 S GREENWOOD AVE CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T FORD, JACK 2829 HERSCHEL ST JACKSONVILLE FL 32205

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T ARDIS, JOHNNY 2343 WYATT ST PENSACOLA FL 32514

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
T BAILES, MYRA 1521 SE 23RD PLACE GAINESVILLE FL 32601

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
T BAILES, MYRA 1701 NE 75TH ST GAINESVILLE FL 32641

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
T KINSEY, NANCY 2707 N OAKDALE AVE. TAMPA FL 33602

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: *Johnny Ardis* **Johnny Ardis**

4-6-96

(904)474-1495

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)