

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47726 (7)**

**1. Corporation Name**  
GREENS/GREEN PARTY OF FLORIDA, INC.



<b>Principal Place of Business</b> C/O JOHNNY ARDIS 2343 WYATT ST. PENSACOLA FL 32514 US	<b>Mailing Address</b> THE GREEN PARTY OF FLORIDA P.O. BOX 10294 PENSACOLA FL 32524-0294
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<b>3. Date Incorporated or Qualified</b> 03/06/1992	<b>3a. Date of Last Report</b> 04/12/1996
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<b>2. Principal Place of Business</b> 21 <b>836 Deedra Ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Pensacola FL</b> Zip 24 <b>32514-1516</b> 25 <b>USA</b>	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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<b>4. FEI Number</b> 59-3132089	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

JOHNNY ARDIS  
2343 WYATT ST.  
PENSACOLA FL 32514

**10. Name and Address of New Registered Agent**

81 Name	Johnny Ardis
82 Street Address (P.O. Box Number is Not Acceptable)	836 Deedra Ave
83	
84 City	Pensacola FL
85 Zip Code	32514-1516

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 DATE 4-15-97

**12. OFFICERS AND DIRECTORS**

TITLE	TC	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, JOSEPH	
STREET ADDRESS	FSU BX 60049 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARDIS, JOHNNY	
STREET ADDRESS	2343 WYATT ST	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAILES, MYRA	
STREET ADDRESS	1701 NE 75TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KINSEY, NANCY	
STREET ADDRESS	2707 N. OAKDALE AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	TC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ragan, Herbert	
1.3 STREET ADDRESS	170 Broadmoor Ave	
1.4 CITY-ST-ZIP	Lake Mary FL 32746	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ardis, Johnny	
2.3 STREET ADDRESS	836 Deedra Ave	
2.4 CITY-ST-ZIP	Pensacola FL 32514-1516	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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.

CR2E037 (9/96)