


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 29 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <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.**

Principal Place of Business

Mailing Address

**836 DEEDRA AVE  
PENSACOLA FL 32514-1518  
US**

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

3. Date Incorporated or Qualified

**03/06/1992**

4. FEI Number

**59-3132089**

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARDIS, JOHNNY  
836 DEEDRA AVE  
PENSACOLA FL 32514**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	TC	<input checked="" type="checkbox"/> DELETE
NAME	RAGAN, HERBERT	
STREET ADDRESS	170 BROADMOOR AVE	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARDIS, JOHNNY	
STREET ADDRESS	836 DEEDRA AVE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BAILES, MYRA	
STREET ADDRESS	1701 NE 75TH ST.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	T	<input checked="" 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	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Boone, Anna	
1.3 STREET ADDRESS	3401 Mildred Dr	
1.4 CITY - ST - ZIP	Zephyrhills FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sommerville, Richard	
2.3 STREET ADDRESS	6170 82nd Ter N	
2.4 CITY - ST - ZIP	Pinellas Park FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Israel, Mary	
3.3 STREET ADDRESS	1317 N Federal Hwy Apt 1	
3.4 CITY - ST - ZIP	Lake Worth FL	
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 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: Johnny Ardis 4-22-98 850-474-1495**

CR2E037 (10/97)