

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000821

**FILED**  
**May 01, 2004**  
**Secretary of State****Entity Name:** FLORIDA STATE HORTICULTURAL SOCIETY, INC.**Current Principal Place of Business:**283 CRANES ROAST BLVD  
STE 111  
ALTAMONTE SPRINGS, FL 32701 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 161059  
ALTAMONTE SPRINGS, FL 32716 US**New Mailing Address:****FEI Number:** 59-3175758**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FEAZELL, JESSICA B  
283 CRANES ROOST BLVD  
STE 11  
ALTAMONTE SPRINGS, FL 32701**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** SD ( ) Delete  
**Name:** LOCASCIO, S.J.  
**Address:** PO BOX 110690  
**City-St-Zip:** GAINESVILLE, FL 32611**Title:** PD ( ) Delete  
**Name:** CRANE, JONATHAN H  
**Address:** 18905 SW 280 ST  
**City-St-Zip:** HOMESTEAD, FL 33031**Title:** TD ( ) Delete  
**Name:** HALL, W. GARVIE  
**Address:** 215 ORANGE VIEW LANE F11  
**City-St-Zip:** LAKELAND, FL 33803**Title:** CD ( ) Delete  
**Name:** CASTLE, WILLIAM S  
**Address:** 700 EXPERIMENT STATION RD  
**City-St-Zip:** LAKE ALFRED, FL 33850**Title:** ED ( ) Delete  
**Name:** ETXABERRIA, ED  
**Address:** 700 EXPERIMENT ST RD  
**City-St-Zip:** LAKE ALFRED, FL 33850**Title:** ACD ( ) Delete  
**Name:** SARGENT, STEVEN A  
**Address:** PO BOX 110690  
**City-St-Zip:** GAINESVILLE, FL 32611**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** CD (X) Change ( ) Addition  
**Name:** CRANE, JONATHAN H  
**Address:** 18905 SW 280 ST  
**City-St-Zip:** HOMESTEAD, FL 33031**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** PD (X) Change ( ) Addition  
**Name:** CAMPBELL, CRAIG A  
**Address:** 7219 AUTUMN TRAIL  
**City-St-Zip:** ORLANDO, FL 32818**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. GARVIE HALL/JF

TD

05/01/2004

Electronic Signature of Signing Officer or Director

Date