

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000235 (0)**

1. Corporation Name

THE FLORIDA STATE FLORIST FOUNDATION, INC.



Principal Place of Business 329 PARK AVENUE SOUTH WINTER PARK FL 32789	Mailing Address 717 31ST STREET ORLANDO FL 32805-7103
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1995		3a. Date of Last Report 03/07/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3309675		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32201				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, ANN			1.2 NAME			
STREET ADDRESS	329 PARK AV S.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMONEAU, WIL			2.2 NAME			
STREET ADDRESS	1343 SNELL ISLE BLVD. NE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33704			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERSALL, CHERYL			3.2 NAME			
STREET ADDRESS	344 MAIN ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'DELL, EMMETT			4.2 NAME			
STREET ADDRESS	717 31ST ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32805			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOUTAMIRE, FAYE			5.2 NAME			
STREET ADDRESS	3030 4TH ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32446			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOUTAMIRE, KEN			6.2 NAME			
STREET ADDRESS	3030 4TH ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32446			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.

SIGNATURE _____ DATE **JUN 27 1997** 407-345-7878

CR2E037 (9/96)