

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90089 013 \*\*\*\*61.25

**DOCUMENT # N95000000235**

1. Entity Name

THE FLORIDA STATE FLORIST FOUNDATION, INC.



Principal Place of Business

1012 CATHY DR  
ALTAMONTE SPRINGS FL 32714

Mailing Address

1012 CATHY DR  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

State of Florida  
Suite, Apt. #, etc. 71 State  
Florist Districts  
City & State  
Associations -  
Geographic Areas -

3. Mailing Address

1012 cathy Dr.  
Suite, Apt. #, etc.

City & State

Altamonte Springs  
Zip 32714  
County Florida  
Seminole



MOORE

CR2E037 (11/03)

4. FEI Number

59-3309675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ANN  
1012 CATHY DRIVE  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

ANN S. MARTIN

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

1012 Cathy Drive

City Altamonte Springs FL

Zip Code

32714

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ann S. Martin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jan. 23-2004*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BARLEY, RUSS	
STREET ADDRESS	P.O. BOX 1030	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459-1030	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NEAL, JAMES	
STREET ADDRESS	399 N. LIME AVENUE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, KIT	
STREET ADDRESS	209 E COMMERCIAL ST	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, ANN	
STREET ADDRESS	1751 N PARK AVENUE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOW, GARY	
STREET ADDRESS	256 24 AVE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLATT, ROBERTA	
STREET ADDRESS	506 9TH STREET N	
CITY-ST-ZIP	NAPLES FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Charlotte Barria	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2116 S. Crystal Lake	
STREET ADDRESS	Lakeland, FL - 33801	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Ann S. Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan 23-2004 407-869-0601*