2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90001 045 ****61.25

DOCUMENT # N95000000235

1. Entity Name

THE FLORIDA STATE FLORIST FOUNDATION, INC.

Principal Place of Business	Mailing Address
STATE OF FLORIDA FL. STATE FLORIST DISTRICTS ALTAMONTE SPRINGS FL 32714	1012 CATHY DR ALTAMONTE SPRINGS FL 32714

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 S
1012 CATHY DRIVE
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name L. Allyn Sikes

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

1830 Thomasville Rd

Tallahassee FL Zip Code 32303

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 L Allyn Sikes T. 2/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARLEY, RUSS P.O. BOX 1030 SANTA ROSA BEACH FL 32459-1030	☑ Delete	TITLE P. NAME ANN MARTIN STREET ADDRESS 1012 CATHY DR CITY-ST-ZIP ALTAMONTE SPRINGS, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NEAL, JAMES 399 N. LIME AVENUE SARASOTA FL 34237	☑ Delete	TITLE VPD NAME BALI Thigpen STREET ADDRESS 300 S RANGE ST CITY-ST-ZIP MADISON FL 32340	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THOMPSON, KIT 209 E COMMERCIAL ST SANFORD FL 32771	☐ Delete	TITLE S NAME Kit Thompson STREET ADDRESS 209 E COMMERCIAL ST CITY-ST-ZIP SANFORD, FL 32771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARTIN, ANN 1751 N PARK AVENUE MAITLAND FL 32751	☑ Delete	TITLE T NAME Allyn Sikes STREET ADDRESS 1830 Thomasville Rd CITY-ST-ZIP Tallahassee, FL 32303	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNOW, GARY 256 24 AVE VERO BEACH FL 32962	☐ Delete	TITLE NAME STREET ADDRESS SAME CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLATT, ROBERTA 506 9TH STREET N NAPLES FL 34102	☐ Delete	TITLE NAME STREET ADDRESS SAME CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: L. Allyn Sikes L Allyn Sikes 1/5/05 850 224-3473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #