

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000235

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: THE FLORIDA STATE FLORIST FOUNDATION, INC.

## Current Principal Place of Business:

STATE OF FLORIDA  
FL. STATE FLORIST DISTRICTS  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

STATE OF FLORIDA  
FL. STATE FLORIST FOUNDATION  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

1012 CATHY DR  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 59-3309675      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIKES, ALLYN L.  
1830 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303      US

## Name and Address of New Registered Agent:

EMMETT O'DELL  
717 31ST STREET  
ORLANDO, FL 32805      US

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: EMMETT O'DELL

02/05/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARIN, KATHY  
Address: 1012 CATHY DR.  
City-St-Zip: ALTAMONT SPRINGS, FL

Title: VPD ( ) Delete  
Name: THIGPEN, BALI  
Address: 300 S RANGE STREET  
City-St-Zip: MADISON, FL 32340

Title: S ( ) Delete  
Name: THOMPSON, KIT  
Address: 209 E COMMERCIAL ST  
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete  
Name: SIKES, ALLYN  
Address: 1830 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete  
Name: SNOW, GARY  
Address: 256 24 AVE  
City-St-Zip: VERO BEACH, FL 32962

Title: D (X) Delete  
Name: PLATT, ROBERTA  
Address: 506 9TH STREET N  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MARTIN, ANN  
Address: 1012 CATHY DR.  
City-St-Zip: ALTAMONT SPRINGS, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: O'DELL, EMMETT  
Address: 717 31ST STREET  
City-St-Zip: ORLANDO, FL 32805

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 Chapter 119, 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: EMMETT O'DELL

TRES

02/05/2007

Electronic Signature of Signing Officer or Director

Date