

7-11-97 B-7946 C  
FILE NOW: FILING FEE IS \$61.25

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Jul 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Morikim</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004456 (7)

1. Corporation Name

FLORIDA ORGANIZATION REFORMED MARIJUANA LAWS, IN  
C.



Principal Place of Business

Mailing Address

3737 ALLEN ROAD  
ZEPHYRHILLS FL 33541

3737 ALLEN ROAD  
ZEPHYRHILLS FL 33541-4405

3. Date Incorporated or Qualified  
08/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

Applied For

59-3400306

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMIERI, MICHAEL  
3737 ALLEN ROAD  
ZEPHYRHILLS FL 33541

81 Name

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

83

84 City

FL

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

*Michael Palmieri*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME Michael Palmieri  
STREET ADDRESS 3737 Allen Rd  
CITY-ST-ZIP Zephyrhills, FL 33541

TITLE ☒ DELETE

NAME NANCY C. PALMIERI  
STREET ADDRESS P.O. Box 280114  
CITY-ST-ZIP Tampa, FL 33619

TITLE ☒ DELETE

NAME Linda Leiser  
STREET ADDRESS 2903 W. Waters Ave  
CITY-ST-ZIP Tampa, FL

TITLE ☒ DELETE

NAME Brian Timmons  
STREET ADDRESS P.O. Box 72  
CITY-ST-ZIP Valrico, FL 33594

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Michael Palmieri  
1.3 STREET ADDRESS 3737 ALLEN RD  
1.4 CITY-ST-ZIP Zephyrhills, FL 33541

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME NANCY C. PALMIERI  
2.3 STREET ADDRESS 3737 ALLEN RD  
2.4 CITY-ST-ZIP Zephyrhills, FL 33541

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME LINDA LEISER  
3.3 STREET ADDRESS 2903 Waters St  
3.4 CITY-ST-ZIP Tampa, FL 33604

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Brian Timmons  
4.3 STREET ADDRESS P.O. Box 72 N/A  
4.4 CITY-ST-ZIP Valrico, FL 33594

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Legal Counsel  
5.3 STREET ADDRESS 82FF BLVD NW  
5.4 CITY-ST-ZIP 1511 S. Church St  
Tampa, FL 33614

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

*Michael Palmieri*

3-1-97 813-782-3735

CR2E037 (9/96)