

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90036 026 ****70.00

DOCUMENT # N96000004456

1. Corporation Name

FLORIDA ORGANIZATION REFORMED MARIJUANA LAWS, IN
C.

Principal Place of Business

3737 ALLEN ROAD
ZEPHYRHILLS FL 33541

Mailing Address

P. O. BOX 2061
ZEPHYRHILLS FL 33541



2. Principal Place of Business

21 38233 TUCKER RD

Suite, Apt. #, etc.

22 Zephyrhills, FL

City & State

23 33539 USA

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/23/1996

4. FEI Number

59-3400306

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

PALMIERI, MICHAEL
38233 TUCKER RD
ZEPHYRHILLS FL 33539

10. Name and Address of New Registered Agent

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)

MICHAEL PALMIERI

3/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PALMIERI
STREET ADDRESS 38233 TUCKER RD.
CITY-ST-ZIP ZEPHYRHILLS FL 33539

TITLE D ☐ DELETE

NAME PLYMALE, NANCY C
STREET ADDRESS 38233 TUCKER RD.
CITY-ST-ZIP ZEPHYRHILLS FL 33539

TITLE D ☐ DELETE

NAME LEISER, LINDA
STREET ADDRESS 3911 REGINA ST
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME TIMMONS, BRIAN
STREET ADDRESS P O BOX 72 N/A
CITY-ST-ZIP VALRICO FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 (813) 782-2164
Date Daytime Phone #

CR2E037 (11/98)