


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90043 009 ****61.25

DOCUMENT # 711250					
1. Entity Name PUNTA GORDA GARDEN CLUB, INC.					
Principal Place of Business FIRST UNITED METHODIST CHURCH 507 W MARION AVE. PUNTA GORDA, FL 33950 US			Mailing Address P O BOX 511167 PUNTA GORDA, FL 33951-1167 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1612027	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAULNIER, DONNA 206 BIG PINE LANE PUNTA GORDA, FL 33950-1896			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HONOUR, CAROLYN	NAME			
STREET ADDRESS	1211 CORONADO DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 339506307	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAYMANS, ELISE	NAME			
STREET ADDRESS	9160 BURNT STORE RD.	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEHMAN, CHRIS	NAME			
STREET ADDRESS	1133 BALHARBOR 1139	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WORKERS, SUZANNA H	NAME			
STREET ADDRESS	260 LID DR.	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FETCH, JOY	NAME	BONNIE VERMINSKI		
STREET ADDRESS	3324 TRINIDAD CT	STREET ADDRESS	1420 WAXWING CT		
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	PUNTA GORDA, FL 33950-7602		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Donna Saulnier</i>		Date: <i>April 11, 2007</i>		Daytime Phone #: <i>941-575 8840</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	