

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711250

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: PUNTA GORDA GARDEN CLUB, INC.

**Current Principal Place of Business:**

FIRST UNITED METHODIST CHURCH  
507 W MARION AVE.  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 511167  
PUNTA GORDA, FL 339511167 US

**New Mailing Address:**

FEI Number: 59-1612027      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HONOUR, CAROLYN  
1211 CORONADO DR.  
PUNTA GORDA, FL 339506307 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: MEARN, SHIRLEY  
Address: 29387 TARALANE DR.  
City-St-Zip: PUNTA GORDA, FL 339821208

Title: D ( ) Delete  
Name: SAULNIER, DONNA  
Address: 206 BIG PINE LN  
City-St-Zip: PUNTA GORDA, FL 339551896

Title: D ( ) Delete  
Name: FOSTER, BETSY  
Address: 2361 VIA VENICE  
City-St-Zip: PUNTA GORDA, FL 339506457

Title: D ( ) Delete  
Name: BIGGS, CAROLE  
Address: 1368 JACANA CT.  
City-St-Zip: PUNTA GORDA, FL 339507625

Title: D ( ) Delete  
Name: VERMINSKI, BONNIE  
Address: 1420 WAYWING CT  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: BRENNAN, MARUEEN  
Address: 16 OCEAN DR.  
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN D. HONOUR

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date