

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738988 (5)
1. Corporation Name
GARDEN CLUB OF JACKSONVILLE, INCORPORATED



Principal Place of Business

1005 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

Mailing Address

1005 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified
05/10/1977

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-0520717

Applied For
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

SCOTT, SYLVIA
1005 RIVERSIDE AVE.
JACKSONVILLE FL 32204

81 Name
BRICKELL, SALLY

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

1005 RIVERSIDE AVENUE

83

JACKSONVILLE, FL 32204-4122

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 *Sally Brickell, Treasurer*

(NOTE: Registered agent signature required when reappointing)

DATE

March 11, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS CHOPSKIE, NANCYANNE
CITY-ST-ZIP 7834 HUNTERS GROVE RD
JACKSONVILLE FL

TITLE ☒ DELETE
NAME ATD
STREET ADDRESS BOYD, BENITA
CITY-ST-ZIP 3837 HARBOR DRIVE
JACKSONVILLE FL

TITLE ☒ DELETE
NAME T
STREET ADDRESS SCOTT, SYLVIA
CITY-ST-ZIP 8110 SABAL OAK LANE
JACKSONVILLE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS ARNOLD, BOBBY
CITY-ST-ZIP 4745 ORTEGA BLVD
JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition
600001741506
-03/13/96--01054--016
***61.25

☒ Change ☐ Addition
Assistant Treasurer
SLUIS, SHIRLEY
2092 WATER CREST DRIVE
ORANGE PARK, FL 32073

☒ Change ☐ Addition
D Treasurer
BRICKELL, SALLY
6750 LaLOMA DRIVE
JACKSONVILLE, 32217

☐ Change ☒ Addition
T Nancy Mahon
1440 1st Beach Ave.
Atlantic Beach, FL 32233

☐ Change ☒ Addition
T Eunice McCullie
2836 Ionic Ave.
Jax, FL 32210

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sally B. Brickell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

Date

(904) 235-4224

Daytime Phone #

CR2E037 (12/95)

pm 3-12-96