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
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90022 030 ****61.25

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DOCUMENT # 738988

1. Corporation Name
GARDEN CLUB OF JACKSONVILLE, INCORPORATED

Principal Place of Business	Mailing Address
1005 RIVERSIDE AVENUE JACKSONVILLE FL 32204	1005 RIVERSIDE AVENUE JACKSONVILLE FL 32204

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/10/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0520717 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BRICKELL, SALLY B
1005 RIVERSIDE AVE
JACKSONVILLE FL 32204

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 617.0502, Florida Statutes.

SIGNATURE Sally B. Brickell 1/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	HOWARTH, HELEN		1.2 NAME	ARNOLD, BARBARA	
STREET ADDRESS	1253 WESTLAWN DR		1.3 STREET ADDRESS	4745 Ortega Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, Florida 32210	
TITLE	1VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIRGIS, RUBY		2.2 NAME		
STREET ADDRESS	2797 FENNEL AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32064		2.4 CITY-ST-ZIP		
TITLE	2VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, PAT		3.2 NAME		
STREET ADDRESS	7004 52 NROTH SABASTIAN AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217		3.4. CITY-ST-ZIP		
TITLE	TA	☑ DELETE	4.1 TITLE	Asst. Treasurer	☒ Change ☐ Addition
NAME	BREWSTER, ANN		4. 2 NAME	Green, Mary	
STREET ADDRESS	2970 ST JOHNS AVE 10B		4.3 STREET ADDRESS	2600 River Road	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, Fl. 32207	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MC CAULIE, EUNICE		5.2 NAME		
STREET ADDRESS	2836 IONIC AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL 32210		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRICKELL, SALLY		6.2 NAME		
STREET ADDRESS	6750 LAPOMA DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Sally B. Brickell SIGNATURE REQUIRED Sally B. Brickell 1/29/99 904-733-0907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #