

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-17-2002 90007 030 ****61.25

DOCUMENT # 738988

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0520717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARTH, HELEN S
 1005 RIVERSIDE AVE
 JACKSONVILLE FL 32204**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	MCEUEN, MARIANNE	
STREET ADDRESS	3041 DOCTORS LAKE DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	1VPD	☒ Delete
NAME	KIRBY, VIRGINIA	
STREET ADDRESS	4155 VENETIA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	2VPD	☒ Delete
NAME	JORGENSEN, FAITH	
STREET ADDRESS	8132 HOLLYRIDGE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	SD	☒ Delete
NAME	LUMPKIN, CHERYL	
STREET ADDRESS	4842 CONFEDERATE OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	ATD	☒ Delete
NAME	MAHON, NANCY	
STREET ADDRESS	1440 BEACH AVE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	TD	☒ Delete
NAME	HOWARTH, HELEN S	
STREET ADDRESS	1253 WESTLAWN DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

TITLE	PD	☒ Change ☐ Addition
NAME	Kirby, Virginia	
STREET ADDRESS	4155 Venetia Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	1VPD	☒ Change ☐ Addition
NAME	Jorgensen, Faith	
STREET ADDRESS	8132 Hollyridge Rd., Jacksonville, FL	
CITY-ST-ZIP	32256	
TITLE	2VPD	☐ Change ☒ Addition
NAME	Brundick, Betty	
STREET ADDRESS	4804 Arapahoe Ave.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	SD	☒ Change ☐ Addition
NAME	Clutterbuck, Bonnie	
STREET ADDRESS	1453 Harrington Parke Dr.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	TD	☐ Change ☐ Addition
NAME	Howarth, Helen	
STREET ADDRESS	1253 Westlawn Dr.	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	ATD	☐ Change ☒ Addition
NAME	Chopskie, Nan	
STREET ADDRESS	7834 Hunters Grove Rd.	
CITY-ST-ZIP	Jacksonville, FL 32256	

12. 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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIANNE B. MCEUEN, PRESIDENT.

Date

Daytime Phone #

CR26037 (9/01)