2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# 738988

Entity Name: GARDEN CLUB OF JACKSONVILLE, INCORPORATED

Current Principal Place of Business:

1005 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1005 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-0520717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARTH, HELEN S
1005 RIVERSIDE AVE
JACKSONVILLE, FL 32204 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:	PD	( ) Delete
Name:	KIRBY, VIRGINIA	
Address:	4155 VENETIA BLVD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	1VPD	( ) Delete
Name:	JORGENSEN, FAITH	
Address:	8132 HOLLYRIDGE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	2VPD	( ) Delete
Name:	HUGHES, CHARLENE	
Address:	4265 YACHT CLUB RD	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	SD	( ) Delete
Name:	CLUTTERBUCK, BONNIE	
Address:	1453 HARRINGTON PARKE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	TD	( ) Delete
Name:	HOWARTH, HELEN	
Address:	1253 WESTLAWN DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	ATD	( ) Delete
Name:	CHOPSKIE, NAN	
Address:	7834 HUNTERS GROVE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32256	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	JORGENSEN, FAITH	
Address:	8132 HOLLYRIDGE RD.	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	1VPD	(X) Change ( ) Addition
Name:	HUGHES, CHARLENE	
Address:	4265 YACHT CLUB RD.	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	2VPD	(X) Change ( ) Addition
Name:	WOODWORTH, IRENE	
Address:	12894 LA COSTA CT.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HELEN HOWARTH TD 04/27/2004
Electronic Signature of Signing Officer or Director — Date