2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90100 022 ****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

07192005 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Helen S Howarth 7/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JORGENSEN, FAITH 8132 HOLLYRIDGE RD. JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Nunn, Gloria 5125 Yacht Club Rd. Jacksonville, FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD HUGHES, CHARLENE 4265 YACHT CLUB RD. JACKSONVILLE, FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 VP Mahon, Nancy 3606 Pt. Pleasant Rd. Jacksonville, FL 32217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD WOODWORTH, IRENE 12894 LA COSTA CT. JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CLUTTERBUCK, BONNIE 1453 HARRINGTON PARKE DRIVE JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Stevens, Judy 6104 Winding Bridge Dr Jacksonville, FL 32277	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOWARTH, HELEN 1253 WESTLAWN DRIVE JACKSONVILLE, FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD CHOPSKIE, NAN 7834 HUNTERS GROVE ROAD JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Helen S Howarth 7/20/05 725-3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #