2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008
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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: VD2 ( ) Delete
Name: OWENS, BROOK
Address: 4180 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: P ( ) Delete
Name: MAHON, NANCY
Address: 3606 PT PLEASANT RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: V1 ( ) Delete
Name: WOODWORTH, IRENE
Address: 12894 LA COSTA CT.
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 exemption stated in Chapter 119, 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: BROOK OWENS MS. 05/07/2008
Electronic Signature of Signing Officer or Director — Date