## 2000 UNIFORM BUSINESS REPORT DOCUMENT # **N07477** May 15, 2000 8:00 am Secretary of State 1. Entity Name TALLAHASSEE GARDEN CLUB, INC. 04-04-2000 90039 038 \*\*\*\*61.25 Principal Place of Business Mailing Address 507 N.CALHOUN ST. 507 N CALHOUN ST TALLAHASSEE Ft. 32301 TALLAHASSEE FL 32301-1231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE) Number 59-6155201 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Doris R. Mª Gowan Street Address (P.O. Box Number is Not Acceptable) 2015 Glennidge Dr WORTHAM, CAROL J 3201 MICCOSUKEE RD #5-C TALLAHASSEE FL 32308 Zip Code 32308 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. M-Gowan Treasurer Board of Trustees 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS (66/6)PD TITLE President D X Change ☐ Addition TITLE X Defete Dickey, Faye 2018 W. Indian Head Dr. NAME EDWARDS, DOROTHY NAME STREET ADDRESS 3600 WESTMORELAND DR STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 llahassee Fl. 3230 ice President ☐ Addition ( ▼ Change TITLE VPD Delete UTLE Sanford, Patricia NAME MINNICK, MARY ALICE NAME 3510 Shaver Rd. STREET ADDRESS STREET ADDRESS 1309 LEEWOOD DR Tallahassee, Fl. 32312 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TD TITLE Tresurer Board of Trustees T & Change ☐ Addition TITLE **⊠** Delete WORTHAM, CAROL NAME McGowan, Doris NAME STREET ADDRESS STREET ADDRESS 3201 MICCOSUKEE RD #5-C 2015 Glennridge Dr. CITY-ST-ZIP TALLAHASSEE FL 32308 CRTY-ST-ZIP Tallahassee, Fl. 32308 ☐ Delete TITLE ☐ Change Addition THILE NAME NAME

12. Thereby 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 chapted of one an attachment with an address with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DICH MUM PLOUISED

Delete

Delete

apr. 3, 2000

877-5906

☐ Change

Change

☐ Addition

☐ Addition