

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90135 020 ****61.25

DOCUMENT # N07477

1. Entity Name

TALLAHASSEE GARDEN CLUB, INC.



Principal Place of Business

**507 N. CALHOUN ST.
TALLAHASSEE FL 32301**

Mailing Address

**507 N CALHOUN ST
TALLAHASSEE FL 32301
US**

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 **59-6155201**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCGOWAN, DORIS R
2015 GLENRIDGE DRIVE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **Helen R. Purvis**
Street Address (P.O. Box Number is Not Acceptable)
2111 OLIVIA DR
City **Tallahassee** FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Helen R. Purvis**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **SANFORD, PATRICIA**
STREET ADDRESS **3510 SHARER ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **TD** ☒ Delete
NAME **MCGOWAN, DORIS**
STREET ADDRESS **2015 GLENRIDGE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VPD** ☒ Delete
NAME **PICHARD, LYNETTE**
STREET ADDRESS **1123 HAYS ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Pres.** ☒ Change ☐ Addition
NAME **Pichard, Lynette**
STREET ADDRESS **1123 HAYS ST**
CITY-ST-ZIP **Tall, FL 32301**

TITLE **Trustee** ☒ Change ☐ Addition
NAME **Helen Purvis**
STREET ADDRESS **2111 OLIVIA DR**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Doris Pollock**
STREET ADDRESS **3465 Cedar Lane Dr**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 R. Purvis** **4/14/03** **850 878 6891**

CR2E037 (10/02)