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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07542 (6)

1. Corporation Name
THE CAMELLIA AND GARDEN CLUB OF TALLAHASSEE, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 201 P O BOX 201 TALLAHASSEE FL 32302 US	P.O. BOX 201 P O BOX 201 TALLAHASSEE FL 32302-0201 US

3. Date Incorporated or Qualified: 02/08/1985
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2500617 ☐ Applied For ☑ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GUARISCO, PETER
3350 LAKESHORE DR
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: Hoytte Rigby
82 Street Address (P.O. Box Number is Not Acceptable): 724 Kenilworth Rd.
83
84 City: Tallahassee FL — 85 Zip Code: 32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: H. Hoytte Rigby — 6-15-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KEELER, JAMES H		1.2 NAME		
STREET ADDRESS	3209 DEL RIO TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	ASHLEY, DON		2.2 NAME	STEVE LAWRENCE	
STREET ADDRESS	3621 BELFAST DRIVE		2.3 STREET ADDRESS	8030 BERNARD STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GUARISCO, PETER		3.2 NAME		
STREET ADDRESS	3350 LAKE SHORE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIGBY, HOYTTE		4.2 NAME		
STREET ADDRESS	724 KENILWORTH RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAWRENCE, GAYLE		5.2 NAME		
STREET ADDRESS	8030 BERNARD STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, MABEL		6.2 NAME		
STREET ADDRESS	114 GLENHAVEN TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. Hoytte Rigby — 6-15-97