FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90033 027 ****61.25

0007637

DOCUMENT # N07542

1. Corporation Name

THE CAMELLIA AND GARDEN CLUB OF TALLAHASSEE, FLORIDA, INC.

343301 - 90033 - 27

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 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed: 02/08/1985
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2500617 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHARPE, MARY M
7020 APALACHEE PARKWAY
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 Mary Maud Sharpe MARY MAUD SHARPE, PRESIDENT 4-13-99
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	GILCHRIST, JAMES		1.2 NAME		
STREET ADDRESS	1124 CIRCLE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	LAWRENCE, STEVE		2.2 NAME	RHODES, HOWARD	
STREET ADDRESS	8030 BERNARD ST.		2.3 STREET ADDRESS	7011 BUCK LAKE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32311		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIGBY, HOYTTE		3.2 NAME		
STREET ADDRESS	724 KENILWORTH RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHARPE, MARY M		4. 2 NAME		
STREET ADDRESS	7020 APALACHEE PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		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	S	☒ Change ☐ Addition
NAME	SHAW, MABEL		6.2 NAME	CONNELL, FAYE	
STREET ADDRESS	114 GLENHAVEN TERRACE		6.3 STREET ADDRESS	1612 GOLF TERRACE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312		6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Gayle Lawrence SIGNATURE REQUIRED GAYLE LAWRENCE 4-13-99 487-0232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #