2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90297 010 ****70.00

DOCUMENT # N07542

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

Principal Place of Business	Mailing Address
8030 BERNARD ST. TALLAHASSEE, FL 32317 US	8030 BERNARD ST. P O BOX 201 TALLAHASSEE, FL 32317 US

01242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
	8030 BERNARD ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TALLAHASSEE FL
Zip / Country	Zip: 32317 / Country: LEON

4. FEI Number: 59-2500617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOMLINSON, STEWART A 701 TYTY ROAD TALLAHASSEE, FL 32308	Name: GAYLE J. LAWRENCE Street Address (P.O. Box Number is Not Acceptable): 8030 BERNARD STREET City: TALLAHASSEE FL Zip Code: 32317

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: Gayle J Lawrence, TREASURER GAYLE J. LAWRENCE 4-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NORTHCUTT, ED 3013 BROOKMONT DRIVE TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRUCE CULPEPPER 901 LOTHIAN DRIVE TALLAHASSEE FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEIMER, KAREN 1503 HICKORY AVE. TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAPHIS, RANDOLPH 1996 CHARLAIS STREET TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7476 SKIPPER LANE TALLAHASSEE FL 32317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TOMLINSON, STEWART 701 TYTY ROAD TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAWRENCE, GAYLE 8030 BERNARD STREET TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RHODES, MARY 7011 BUCK LAKE RD TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Gayle J Lawrence GAYLE J. LAWRENCE 4-15-05 850-523-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #