

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 22 AM 9:09

DOCUMENT # **N23788** (5)

1. Corporation Name  
**THE GARDEN CLUB OF PALATKA, INC.**

Principal Place of Business Mailing Address  
% EVELYN MISAMORE RAVINE STATE GARDENS, 105 CRESTWOOD AVE. PALATKA FL 32177  
% EVELYN MISAMORE RAVINE STATE GARDENS, 105 CRESTWOOD AVE. PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/08/1987** 3a. Date of Last Report **04/18/1994**  
4. FEI Number **59-1743472** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **Lillian M. Mackenzie**  
22 City & State 27 **2108 Gillis St.**  
23 Zip Country 28 **Palatka, Fl**  
24 Zip 25 Country 29 **32177-4317** 30 **Putnam**

9. Name and Address of Current Registered Agent  
**MISAMORE, EVELYN  
RAVINE STATE GARDENS  
105 CRESTWOOD AVENUE  
PALATKA FL 32077**

10. Name and Address of New Registered Agent  
81 Name **Lillian M. Mackenzie**  
82 Street Address (P.O. Box Number is Not Acceptable) **2108 Gillis St.**  
83 **Palatka**  
84 City **Palatka** 85 Zip Code **FL 32177-4317**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Lillian M. Mackenzie - Treasurer **Feb. 28th, 1995**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BRUNDAGE, MRS. A.W.
STREET ADDRESS	ROUTE 2 BOX 2056
CITY-ST-ZIP	PALATKA FL
TITLE	VD
NAME	MCCONNELL, CORA BELLE
STREET ADDRESS	2105 CARR ST
CITY-ST-ZIP	PALATKA FL
TITLE	VD
NAME	HANCOCK, MARTHA
STREET ADDRESS	824 S 13TH ST
CITY-ST-ZIP	PALATKA FL
TITLE	PTD
NAME	MISAMORE, EVELYN
STREET ADDRESS	105 CRESTWOOD AVE
CITY-ST-ZIP	PALATKA FL
TITLE	TD
NAME	MACKENZIE, LILLIAN
STREET ADDRESS	2108 GILLIS ST
CITY-ST-ZIP	PALATKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mrs. Lois Gibbins	
1.3 STREET ADDRESS	117 East Oakhill Dr, Palatka, Fl	
1.4 CITY-ST-ZIP	Palatka, Fl 32177	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mrs. Donna Bosman	
2.3 STREET ADDRESS	Rt. 2 Box 1940	
2.4 CITY-ST-ZIP	Palatka, Fl 32177	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mrs. Dot Driggers	
3.3 STREET ADDRESS	P. O. BOX 72 N/A	
3.4 CITY-ST-ZIP	East Palatka, Fl 32131-0072	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mrs. Lillian Brundage	
4.3 STREET ADDRESS	Rt. 2 Box 2056	
4.4 CITY-ST-ZIP	Palatka, Fl 32177	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), 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: Mrs. A. St. Brundage **2-20-95** 904-325-5014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #