

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N23788** (5)

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



Principal Place of Business: **% EVELYN MISAMORE, RAVINE STATE GARDENS, 105 CRESTWOOD AVE, PALATKA FL 32177**
Mailing Address: **LILLIAN M. MACKENZIE, 2108 GILLIS ST., PALATKA FL 32177-4317, US**

3. Date Incorporated or Qualified: **12/08/1987**
3a. Date of Last Report: **03/22/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**LILLIAN M. MACKENZIE
2108 GILLIS ST.
105 CRESTWOOD AVENUE
PALATKA FL 32177**

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: *Lillian M. Mackenzie*
Signature, typed or printed name of registered agent or officer if applicable.

NOTE: Registered Agent signature required when re-appointing. DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MRS. LOIS GIBBINS	
STREET ADDRESS	117 EAST OAKHILL DR	
CITY - ST - ZIP	PALATKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MRS. DONNA BOSMAN	
STREET ADDRESS	RT. 2 BOX 1940	
CITY - ST - ZIP	PALATKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MRS. DOT DRIGGERS	
STREET ADDRESS	P. O. BOX 72 N/A	
CITY - ST - ZIP	EAST PALATKA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MRS. LILLIAN BRUNDAGE	
STREET ADDRESS	RT. 2 BOX 2056	
CITY - ST - ZIP	PALATKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MACKENZIE, LILLIAN	
STREET ADDRESS	2108 GILLIS ST	
CITY - ST - ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P/D
4.3 STREET ADDRESS	Mrs. Cora Belle McConnell
4.4 CITY - ST - ZIP	2105 Carr Street Palatka, FL 32177-4303
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 119.07(3)(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: *Lillian M. Mackenzie* 2-9-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer

Date: _____ Daytime Phone # _____

CR2E037 (12/95)