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Feb 04 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 # 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
LILLIAN M. MACKENZIE
2108 GILLIS ST.
PALATKA FL 32177-4317
US

3. Date Incorporated or Qualified 12/08/1987
3a. Date of Last Report 02/15/1996
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MRS. LOIS GIBBINS	
STREET ADDRESS	117 EAST OAKHILL DR	
CITY-ST-ZIP	PALATKA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MRS. DONNA BOSMAN	
STREET ADDRESS	RT. 2 BOX 1940	
CITY-ST-ZIP	PALATKA FL	
TITLE	SD	<input checked="" 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	MCCONNELL, CORA B	
STREET ADDRESS	2105 CARR STREET	
CITY-ST-ZIP	PALATKA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MACKENZIE, LILLIAN	
STREET ADDRESS	2108 GILLIS ST	
CITY-ST-ZIP	PALATKA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Lillian M. Mackenzie	
STREET ADDRESS	2108 Gillis St.	
CITY-ST-ZIP	Palatka, FL 32177-4317	

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. Betty Penrod	
1.3 STREET ADDRESS	Star Rte 3 Box 905	
1.4 CITY-ST-ZIP	Satsuma, FL 32189-9626	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mrs. Pat Flanders	
2.3 STREET ADDRESS	P. O. Box 186 N/A	
2.4 CITY-ST-ZIP	Palatka, FL 32178-0186	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mrs. Florence Jones	
3.3 STREET ADDRESS	P. O. Box 998 N/A	
3.4 CITY-ST-ZIP	East Palatka, FL 32131-0988	<input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME	Mrs. Lois Gibbins	
4.3 STREET ADDRESS	117 East Oakhill Dr.	
4.4 CITY-ST-ZIP	Palatka, FL 32177-4261	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mrs. Frank Holibonich	
5.3 STREET ADDRESS	1816 Sherman Ave.	
5.4 CITY-ST-ZIP	Palatka, FL 32177-5835	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Lillian M. Mackenzie 1/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6003640

CR2E037 (9/96)