

FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
12/08/1987

4. FEI Number
59-1743472

Applied For Not Applicable

2. Principal Place of Business
Ravine State Gardens

21. **1600 Twigg St.**

22. **Palatka, Fl**

23. **32177** US

24. **32177** 25. **US** 29. **32177** 30. **US**

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **Lillian M. Mackenzie**
82 Street Address (P.O. Box Number is Not Acceptable) **2108 Gillis St.**
83 **Palatka, Fl 32177-4317**
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* DATE **1-13-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENROD, BETTY M	1.2 NAME	Katie Galloway
STREET ADDRESS	STAR RTE 3 BOX 905	1.3 STREET ADDRESS	2504 Fairway Dr. Palatka, Fl 32177
CITY-ST-ZIP	SATSUMA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANDERS, PAT M	2.2 NAME	
STREET ADDRESS	P O BOX 186 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, FLORENCE M	3.2 NAME	
STREET ADDRESS	P O BOX 998 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBINS, LOIS M	4.2 NAME	
STREET ADDRESS	117 EAST OAKHILL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLIBONICH, FRANK M	5.2 NAME	
STREET ADDRESS	1816 SHERMAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, LILLIAN M	6.2 NAME	
STREET ADDRESS	2108 GILLIS ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Lillian M. Mackenzie* DATE: **1-13-98 (904) 325-2550**

CR2E037 (10/97)