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NONPROFIT CORPORATION ANNUAL REPORT 1999

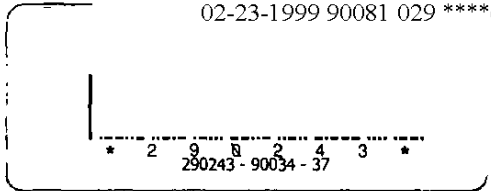


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23788
1. Corporation Name
THE GARDEN CLUB OF PALATKA, INC.

Principal Place of Business
RAVINE STATE GARDENS
1600 TWIGG ST
PALATKA FL 32177
US

Mailing Address
LILLIAN M. MACKENZIE
2108 GILLIS ST.
PALATKA FL 32177-4317
US



2. Principal Place of Business
2a. Mailing Address
3. Date Incorporated or Qualified: 12/08/1987
4. FEI Number: 59-1743472
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
LILLIAN M MACKENZIE
2108 GILLIS ST
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
85 Zip Code: FL

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	GALLOWAY, KATIE	1.2 NAME	
STREET ADDRESS	2504 FAIRWAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32172	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	2.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	3.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	4.1 TITLE	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	5.1 TITLE	
NAME	MACKENZIE, LILLIAN M	5.2 NAME	
STREET ADDRESS	2108 GILLIS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE *Elizabeth Reinau* Jan 14, 1999 904 325-1647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)