

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90176 035 ****61.25

DOCUMENT # N23788 ✓

1. Entity Name

THE GARDEN CLUB OF PALATKA, INC.

Principal Place of Business

Mailing Address

RAVINE STATE GARDENS
 1600 TWIGG ST
 PALATKA FL 32177
 US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1743472

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LILLIAN M MACKENZIE
 2108 GILLIS ST
 PALATKA FL 32177

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Lillian M. Mackenzie

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-1-2000

DATE

FILE NOW
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	GALLOWAY, KATE	
STREET ADDRESS	2504 FAIRWAY DR	
CITY-ST-ZIP	PALATKA FL 32172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLANDERS, PAT M	
STREET ADDRESS	P O BOX 186 N/A	
CITY-ST-ZIP	PALATKA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, FLORENCE M	
STREET ADDRESS	P O BOX 998 N/A	
CITY-ST-ZIP	EAST PALATKA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRUNDAGE, A. W.	
STREET ADDRESS	ROUTE 2, BOX 2056	
CITY-ST-ZIP	PALATKA FL 32177-9628	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REINAU, ELIZABETH	
STREET ADDRESS	2300 PRESIDENT ST	
CITY-ST-ZIP	PALATKA FL 32177-4845	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	MACKENZIE, LILLIAN M	
STREET ADDRESS	2108 GILLIS ST	
CITY-ST-ZIP	PALATKA FL 32177-4317	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Mrs. Judi Blessing	
STREET ADDRESS	275 West River Road	
CITY-ST-ZIP	Palatka, FL 32177-9613	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Mrs. Donald P. Elder	
STREET ADDRESS	HC #4 Box 4450-94	
CITY-ST-ZIP	Satsuma, FL 32189-9202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lillian M. Mackenzie* Lillian M. Mackenzie 2-1-00 (904) 325
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #