

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90008 003 ****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**

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 Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LILLIAN M MACKENZIE
 2108 GILLIS ST
 PALATKA FL 32177-4317**

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)

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, KATIE	
STREET ADDRESS	2504 FAIRWAY DR	
CITY-ST-ZIP	PALATKA FL 32172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FARE, BONNIE	
STREET ADDRESS	805 SOUTH 18TH ST	
CITY-ST-ZIP	PALATKA FL 32177-4918	
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	BLESSING, JUDI	
STREET ADDRESS	275 WEST RIVER ROAD	
CITY-ST-ZIP	PALATKA FL 32177-9628	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, RUBY	
STREET ADDRESS	115 BOAT. RAMP ROAD	
CITY-ST-ZIP	PALATKA FL 32177-9685	
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Reinau	
STREET ADDRESS	2300 President St.	
CITY-ST-ZIP	Palatka, FL 32177-4845	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Penrod	
STREET ADDRESS	124 Summitt Rd.	
CITY-ST-ZIP	Satsuma, FL 32177-4845	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lillian M. Mackenzie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 (386) 325-2559
 Date Daytime Phone #

CR2E037 (9/01)