


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90043 036 ****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

Zip Country Zip Country

4. FEI Number Applied For

59-1743472 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Judi Blessing**
 Street Address (P.O. Box Number is Not Acceptable): **275 W. River Rd**
PALATKA FL 32177
 City: **PALATKA** FL Zip Code: **32177**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Judi Blessing* DATE: **3/16/04**

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
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLOWAY, KATIE 2504 FAIRWAY DR PALATKA FL 32172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REINAU, BETTY 2300 PRESIDENT ST PALATKA FL 32177-4845 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, FLORENCE M P O BOX 998 N/A EAST PALATKA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENROD, BETTY 124 SUMMITT RD SATSUMA FL 32177-4845 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, RUBY 115 BOATY RAMP ROAD PALATKA FL 32177-9685 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MACKENZIE, LILLIAN M 2108 GILLIS ST PALATKA FL 32177-4317 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**Jo Wiggins
 2201 Addison St, Capri #2
 Orange Park, FL 32073**

**Judi Blessing
 Treasurer
 275 W. River Rd
 PALATKA FL 32177**

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: *Judi A Blessing, Judi Blessing* DATE: **3/16/04** DAYTIME PHONE #: **(386) 329-2262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



MOORE CR2E037 (11/03)