


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90006 037 ****61.25

DOCUMENT # N23788

1. Entity 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 GILLES ST.
 PALATKA, FL 32177-4317 US

2. Principal Place of Business
 Same

3. Mailing Address
 275 W. River Rd
 Suite, Apt. #, etc.
 PALATKA
 City & State
 FL
 Zip
 32177



05112005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1743472

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

6. Name and Address of Current Registered Agent
 Blessing
 BLESSIN, JUDI
 275 W. RIVER ROAD
 PALATKA, FL 32177

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Judi Blessing*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

DATE: 5/25/05

Filing Fee is \$61.25 Due by September 7, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REINAU, BETTY 2300 PRESIDENT ST PALATKA, FL 321774845 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, FLORENCE M P O BOX 998 N/A EAST PALATKA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judi Blessing 275 W. River Rd Palatka, FL 32177 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIGGINS, JO 2201 ASTER ST, CAPRI #2 ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thelma Elder 153 Bayou Dr Satsuma, FL 32189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLESSING, JUDI 275 RIVER RD PALATKA, FL 321779685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Blessing*
 Signature and typed or printed name of signing officer or director

DATE: 5/25/05
 Daytime Phone #: 386-329-2262