


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
RAVINE STATE GARDENS **275 W. RIVER ROAD**
1600 TWIGG ST **PALATKA, FL 32177-4317 US**
PALATKA, FL 32177 US



03262006 No Chg-NP CR2E037 (11/05)

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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
BLESSING, JUDI
275 W. RIVER ROAD
PALATKA, FL 32177

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLOWAY, KATIE 2504 FAIRWAY DR PALATKA, FL 32172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REINAU, BETTY 2300 PRESIDENT ST PALATKA, FL 321774845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLESSING, JUDI 275 W. RIVER ROAD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELDER, THELMA 153 BAYOU DRIVE SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLESSING, JUDI 275 RIVER RD PALATKA, FL 321779685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/18/06-80068-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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* (Judi Blessing) Sec/Treas 3/29/06 (386) 329-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #