

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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
 275 W. RIVER ROAD
 PALATKA, FL 32177-4317 US

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1743472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BLESSIN, 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 _____

Filing Fee is \$61.25 Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

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

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 04/10/07-80044-024 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 its 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 Sec Treas* 4/1/07 (586) 329-2262
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #