


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90060 022 \*\*\*\*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  
**275 W. RIVER ROAD**  
**PALATKA, FL 32177-4317 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

Zip  
 Country

40051201



03172008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1743472**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**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* DATE: *3/19/08*

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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	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	REINAU, BETTY	
STREET ADDRESS	2300 PRESIDENT ST	
CITY-ST-ZIP	PALATKA, FL 321774845	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLESSING, JUDI	
STREET ADDRESS	275 W. RIVER ROAD	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELDER, THELMA	
STREET ADDRESS	153 BAYOU DRIVE	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BLESSING, JUDI	
STREET ADDRESS	275 RIVER RD	
CITY-ST-ZIP	PALATKA, FL 321779685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Cate	
STREET ADDRESS	307 W. River Rd	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith A. Blessing	
STREET ADDRESS	275 W. River Rd	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Ben	
STREET ADDRESS	216 Cedar Creek Rd	
CITY-ST-ZIP	PALATKA, FL 32177	
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 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 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* DATE: *3/19/08* DAYTIME PHONE #: *386-329-7262*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR