


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90201 005 ****61.25

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



Principal Place of Business Mailing Address
RAVINE STATE GARDENS **LILLIAN M. MACKENZIE**
1600 TWIGG ST **2108 GILLIS ST.**
PALATKA FL 32177 **PALATKA FL 32177-4317**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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
LILLIAN M MACKENZIE
2108 GILLIS ST
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 32177-4845 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | JONES, FLORENCE M | |
| STREET ADDRESS | P O BOX 998 N/A | |
| CITY-ST-ZIP | EAST PALATKA FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PENROD, BETTY | |
| STREET ADDRESS | 124 SUMMITT RD | |
| CITY-ST-ZIP | SATSUMA FL 32177-4845 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MOORE, RUBY | |
| STREET ADDRESS | 115 BOATY RAMP ROAD | |
| CITY-ST-ZIP | PALATKA FL 32177-9685 | |
| TITLE | ATD | <input type="checkbox"/> Delete |
| NAME | MACKENZIE, LILLIAN M | |
| STREET ADDRESS | 2108 GILLIS ST | |
| CITY-ST-ZIP | PALATKA FL 32177-4317 | |

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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 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: *SIGNATURE REQUIRED* 2-1-03 (386) 325-2559

CR2E037 (10/02)