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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25637 (2)

1. Corporation Name
JASMINE GARDEN CLUB, INC.

Principal Place of Business	Mailing Address
C/O JUDY GORE 1334 GASPARILLA DR FT. MYERS FL 33901	C/O JUDY GORE 1334 GASPARILLA DR FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1988
3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0069812 — Applied For ☐ Not Applicable ☑
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ANN E. LAROSA
5657 SHADDELEE LANE W.
FT. MYERS FL 33919-1928

10. Name and Address of New Registered Agent

81 Name: Judy Gore
82 Street Address (P.O. Box Number is Not Acceptable): 1334 Gasparilla Dr
83:
84 City: Fort Myers FL 85 Zip Code: 33901-7712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Judy Gore — Judy Gore — 3/8/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GORE, JUDY
STREET ADDRESS	1334 GASPARILLA DR
CITY-ST-ZIP	FT MYERS FL
TITLE	T
NAME	ANN E. LAROSA
STREET ADDRESS	5657 SHADDELEE LANE W.
CITY-ST-ZIP	FT MYERS FL 33919
TITLE	D
NAME	BUTCHER, ELLEN
STREET ADDRESS	5312 CHIPPENDALE CIRCLE
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	RISLEY, PATRICIA
STREET ADDRESS	13685 BRYNWOOD LN.
CITY-ST-ZIP	FT. MYERS FL
TITLE	D
NAME	HOUSE, MARION
STREET ADDRESS	3902 LUVERNE STREET
CITY-ST-ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T	☑ Change ☐ Addition
2.2 NAME	Wendy Klemp	
2.3 STREET ADDRESS	16992 Timber Lakes Dr S.W.	
2.4 CITY-ST-ZIP	Ft Myers Fl 33908-5322	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Zip 33919-2204	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	200001433052 -03/17/95--01061--027 *****61.25 *****61.25	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Zip 33912-3650	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Zip 33901-7701	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	JGA	
6.3 STREET ADDRESS	3-14	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy Gore Judy Gore — 3/8/95 — 813-334-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050980