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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

C/O JUDY GORE
1334 GASPARILLA DR
FT. MYERS FL 33901

Mailing Address

C/O JUDY GORE
1334 GASPARILLA DR
FT. MYERS FL 33901-77123. Date Incorporated or Qualified
03/28/19883a. Date of Last Report
04/24/19964. FEI Number
65-0069812Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 c/o Joanne Gaede

Suite, Apt. #, etc.

22 5931 Grey Fox Run

City & State

23 Ft. Myers FL

Zip

24 33912-2241

Country

25 USA

2a. Mailing Address

26 c/o Joanne Gaede

Suite, Apt. #, etc.

27 5931 Grey Fox Run

City & State

28 Ft. Myers, FL

Zip

29 33912-2241

Country

30 USA

9. Name and Address of Current Registered Agent

GORE, JUDY
1334 GASPARILLA DR.
FT. MYERS FL 33901-7712

10. Name and Address of New Registered Agent

81 Name Gaede, Joanne

82 Street Address (P.O. Box Number is Not Acceptable)

5931 Grey Fox Run

83

84 City Ft. Myers

FL

85 Zip Code 33912

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

2/4/97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME GORE, JUDY
STREET ADDRESS 1334 GASPARILLA DR
CITY - ST - ZIP FT MYERS FLTITLE T ☒ DELETE
NAME KLEMP, WENDY
STREET ADDRESS 16992 TIMBERLAKES DR. S.W.
CITY - ST - ZIP FT MYERS FL 33908-5322TITLE D ☐ DELETE
NAME BUTCHER, ELLEN
STREET ADDRESS 5312 CHIPPENDALE CIRCLE
CITY - ST - ZIP FT. MYERS FL 33919-2204TITLE D ☒ DELETE
NAME RISLEY, PATRICIA
STREET ADDRESS 13685 BRYNWOOD LN.
CITY - ST - ZIP FT. MYERS FL 33912-3650TITLE D ☐ DELETE
NAME HOUSE, MARION
STREET ADDRESS 3902 LUYERNE STREET
CITY - ST - ZIP FT. MYERS FL 33912-3650TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Gaede, Joanne
1.3 STREET ADDRESS 5931 Grey Fox Run
1.4 CITY - ST - ZIP Ft. Myers, FL 33912-22412.1 TITLE T ☒ Change ☐ Addition
2.2 NAME Walker, Pamela
2.3 STREET ADDRESS 16240 Fairway Woods Dr. #1503
2.4 CITY - ST - ZIP Ft. Myers, FL 33908-53413.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Klemm, Wendy
4.3 STREET ADDRESS 16992 Timberlakes Dr. S.W.
4.4 CITY - ST - ZIP Ft. Myers, FL 33908-53225.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

Signature typed or printed name of signing officer or director

2/4/97

941-437-7006

Daytime Phone # 0065784

CR2E037 (9/96)