# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 31, 2005 8:00 am**
**Secretary of State**
05-31-2005 90006 018 ****61.25

DOCUMENT # N25637

1. Entity Name
JASMINE GARDEN CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % JUDY GORE<br>1334 GASPARILLA DR<br>FT. MYERS, FL 33901-7701 US | % JUDY GORE<br>1334 GASPARILLA DR<br>FT. MYERS, FL 33901-7701 US |

05232005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 65-0069812 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GORE, JUDY<br>1334 GASPARILLA DR<br>FT MYERS, FL 33901 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 7, 2005**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KLEMP, WENDY<br>16992 TIMBERLAKES DR. SW<br>FORT MYERS, FL 339085322 | ☒ Delete | P<br>Lose, Betty<br>11271 Tamarind Cay Ln #1604<br>Fort Myers FL 33908 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>LOSE, BETTY<br>11271 TAMARIND CAY LANE 1604<br>FORT MYERS, FL 339012241 | ☒ Delete | VP<br>Marckesano Mitzi<br>8220 Glenfinnan Circle<br>Fort Myers, FL 33912 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CSD<br>RISLEY, PAT<br>13196 WINSFORD LANE<br>FORT MYERS, FL 339121554 | ☐ Delete | CSD<br>Same | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RSD<br>EDMONDS, MARY<br>14360 BIGELOW RD.<br>FORT MYERS, FL 339054705 | ☒ Delete | RSD<br>Eadson, Joann<br>55 Ulata Court<br>Fort Myers, FL 33912 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BUTCHER, ELLEN<br>5312 CHIPPENDALE CIRCLE<br>FORT MYERS, FL 339192204 | ☐ Delete | TD<br>Same | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** Ellen M. Butcher Ellen M. Butcher 05.25.05 239-481-7851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #