2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N25637

1. Entity Name
JASMINE GARDEN CLUB, INC.

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

DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP CR2E037 (4/06)

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

GORE, JUDY
1334 GASPARILLA DR
FT MYERS, FL 33901

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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 Judith (Judy) Gore
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 May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LOSE, BETTY
STREET ADDRESS	11271 TAMARIND CAY LN
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VP
NAME	MILLER, ANNE
STREET ADDRESS	1781 WHITECAP CIRCLE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	CSD
NAME	RISLEY, PAT
STREET ADDRESS	13196 WINSFORD LANE
CITY-ST-ZIP	FORT MYERS, FL 339121554
TITLE	RSD
NAME	ESPEUT, PAM
STREET ADDRESS	14930 CENTER ST.
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	P
NAME	GORE, JUDY
STREET ADDRESS	1334 GASPARILLA DR
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/08-80043-002 61.25

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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: Betty Lose Betty Lose 4/2/08 239-590-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #