2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N25637

Entity Name: JASMINE GARDEN CLUB, INC.

Current Principal Place of Business:

% JUDY GORE
1334 GASPARILLA DR
FT. MYERS, FL 339017701 US

New Principal Place of Business:

Current Mailing Address:

% JUDY GORE
1334 GASPARILLA DR
FT. MYERS, FL 339017701 US

New Mailing Address:

FEI Number: 65-0069812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORE, JUDY
1334 GASPARILLA DR
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: LOSE, BETTY
Address: 11271 TAMARIND CAY LN
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete
Name: MILLER, ANNE
Address: 1781 WHITECAP CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: CSD ( ) Delete
Name: RISLEY, PAT
Address: 13196 WINSFORD LANE
City-St-Zip: FORT MYERS, FL 339121554 US

Title: RSD ( ) Delete
Name: ESPEUT, PAM
Address: 14930 CENTER ST.
City-St-Zip: FORT MYERS, FL 33905

Title: P ( ) Delete
Name: GORE, JUDY
Address: 1334 GASPARILLA DR
City-St-Zip: FORT MYERS, FL 33901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: LOSE, BETTY
Address: 11271 TAMARIND CAY LN UNIT 1604
City-St-Zip: FORT MYERS, FL 339084993

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: NORRIS, BRENDA
Address: 16838 OUPAR BLVD
City-St-Zip: FORT MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY LOSE TREA 03/19/2009
Electronic Signature of Signing Officer or Director — Date