

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47059** (3)

1. Corporation Name

GARDEN CLUB OF FORT PIERCE INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
PO BOX 4197 FT PIERCE FL 34940 **PO BOX 4197 FT PIERCE FL 34940-1224 Soltmann**
911 Parkway **7603 Sebastian Rd.**
Ft. Pierce, Fl. 34950 **Ft. Pierce, FL 34950**

3. Date Incorporated or Qualified **01/27/1992** 3a. Date of Last Report **03/08/1994**
 4. FEI Number **65-0137765** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 911 Parkway **26 1224 Soltmann Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 Ft. Pierce, Fl. **28 Ft. Pierce, Fl.**
 Zip County Zip County
24 34950 **25 St. Lucie** **29 34950** **30 St. Lucie**

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

9. Name and Address of Current Registered Agent
KINSEY, DOT
7603 SEBASTIAN ROAD
FT PIERCE FL 34951

10. Name and Address of New Registered Agent
81 Name Schurmann, Mary Ann
82 Street Address (P.O. Box Number is Not Acceptable) 1224 Soltmann Ave.
83
84 City Ft. Pierce, FL **85 Zip Code 34950**

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 *Mary Ann Schurmann* DATE *3/1/95*
Signature, typed or printed name of registered agent (not to be used if applicant) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TYE, STEFANI P.O. BOX 3058 FT PIERCE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HERMENITT, IRIS 2022 S. THIRD STREET FT PIERCE FL 34950-5401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHIPPEY, AERLINE 2021 SO. THIRD STREET FT PIERCE FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KINSEY, DOT 7603 SEBASTIAN ROAD FT PIERCE FL 34951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JENNINGS, EMILY 10901 S. INDIAN RIVER DRIVE FORT PIERCE FL 34882
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Schurmann, Mary Ann 1224 Soltmann Ave. Ft. Pierce, FL 34950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	FD Hermenitt, Iris 2022 S. Third St. Ft. Pierce, FL 34950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	VD Walker, Peg 2407 Blossom Court Ft. Pierce, FL 34902 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	VD Rice, Donna 4749 N. AIA Apt. B2 Ft. Pierce, FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	SD Jennings, Emily 10901 S, Indian River Dr. Ft. Pierce, FL 34962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	SD Burns, Hazel 4035 Greenwood Dr. Ft. Pierce, FL 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	TD Schurmann, Mary Ann 1224 Soltmann Ave. Ft. Pierce, FL 34950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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: *Stefani Tye* DATE: *3/1/95* 407-461-7328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)