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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N47059 (3)

1. Corporation Name

GARDEN CLUB OF FORT PIERCE INC.



Principal Place of Business

Mailing Address

FT PIERCE FL 34950

1224 SOLTMAN AVE.
FT. PIERCE FL 34950-6370

3. Date Incorporated or Qualified
01/27/1992

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0137765

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHURMANN, MARY ANN
1224 SOLTMAN AVE.
FT PIERCE FL 34950

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BERMEWIT, IRIS
STREET ADDRESS 2022 S. THIRD ST.
CITY-ST-ZIP FT PIERCE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME WELKER, PEG
STREET ADDRESS 2407 BLOSSOM COURT
CITY-ST-ZIP FT PIERCE FL 34950-5401

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME RICE, DONNA
STREET ADDRESS 4949 N. A1A APT. 82
CITY-ST-ZIP FT PIERCE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME JENNINGS, EMILY
STREET ADDRESS 10901 S. INDIAN RIVER DR.
CITY-ST-ZIP FT PIERCE FL 34951

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME SHIPPEY, AERLINE
STREET ADDRESS 2021 SOUTH THIRD STREET
CITY-ST-ZIP FT. PIERCE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD
NAME SCHURMANN, MARY ANN
STREET ADDRESS 1224 SOLTMAN AVE.
CITY-ST-ZIP FT. PIERCE FL

6.1 TITLE
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: *Mary Ann Schurmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 54-461-3290
Date Daytime Phone # 0070897

CR2E037 (9/96)