FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N47059

(3)

GARDEN CLUB OF FORT PIERCE INC.

Principal Place of Business			Mailing Address	Mailing Address			- THE STATE OF THE CONTRACT AND A CONTRACT OF THE CONTRACT OF			
911 PARKWAY FT PIERCE FL 34950			1294-SOLTMAN-AVE. FT. PIERCE FL 34950				3. Date Incorporated or Qualified 01/27/1992			
							4. FEI Number Applied For			
							65-0137765 Not Applica	ble		
2. 21	Principal Place of Business 20. Mailing Address 20. Mealing Address 20. Mealing Address 20. Mealing Address			IAL RO	5. Certificate of Status Desired S8.75 Additional Fee Required					
22	Suite, Apt. #, etc.	_	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	City & State		City & State	├ ─ '			7. Is this nonprofit corporation a homeowners association?			
24	Z ip	Country 25	Zip 29 34945		ntry	LUCIE	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
						81 Name				
SCHURMANN, MARY ANN 1224 SOLTMAN AVE.					62	Street Address (P.O. Box Number is Not Acceptable)				
FT PIERCE EL 34050						•				

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, and accept the obligations of Section 617.0503. Florida Statutes.

agon. Tarin terminal Willi, and accept the congenions of, occinion of 1.0000, Florida dialotes.											
SIGNATURE											
Signature, tysied or printed name of registered agent and triting if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12						
TITLE	PD	DELETE	1.1 TITLE	PRESIDENT/DIRECTOR LOIS LOVERIDGE 1700 CORTEZ BLVD	Change Addition						
NAME	BERMEWIT, IRIS		1.2 NAME	LOIS LOVERIDAE	•						
STREET ADDRESS	2022 S. THIRD ST.		1.9 STREET ADDRESS	1700 CORTEZ DLVD	_						
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY - ST - ZIP	FT. PIERCE, FL 3498							
TITLE	VD	DELETE	2.1 TITLE	VP I DIRECTOR KRISTEN SHIRALD	☐ Change ☐ Addition						
NAME	WELKER, PEG		2.2 NAME	KRISTEN SONKHED							
STREET ADDRESS	2407 BLOSSOM COURT		2.3 STREET ADDRESS	5404 EAGLE DR							
CITY-ST-ZIP	FT PIERCE FL 34950-5401		2.4 CITY-ST-ZIP	FT. PIERCE, FL 3495	/-2 <i>5</i> 77						
TITLE	VD	DELETE	3.1 TITLE	VP/DIRECTOR	Change						
NAME	RICE, DONNA	•	3.2 NAME	IRIS HERMINETT	•						
STREET ADDRESS	4949 N. A1A APT. 82		3.3 STREET ADDRESS	2022 SI THIRD ST							
CITY-ST-ZIP	FT PIERCE FL		3.4. CITY-ST-ZIP	Fr. PIERCE 34950	-5401						
TITLE	SD	DELETE	4.1 TITLE	SECRY/DIRECTOR	Change Addition						
NAME	JENNINGS, EMILY		4. 2 NAME	MARION BOWER							
STREET ADORESS	10901 S. INDIAN RIVER DR.		4.3 STREET ADDRESS	1712 ARIZONA AVE							
CITY-ST-ZIP	FT PIERCE FL 34951		4.4 CITY-ST-ZIP	Fr. PIERCE FL 3	4982						
TITLE	SD	DELETE	5.1 TITLE	CORR SECRY /DIRECTOR	Change						
NAME	SHIPPEY, AERLINE	, ,	5.2 NAME	DONNA RICE A	- 22 ·						
STREET ADDRESS	2021 SOUTH THIRD STREET		5.3 STREET ADDRESS	4949 NO A-I-A, AP	,						
CITY-ST-ZIP	FT. PIERCE FL		5.4 CITY-ST-ZIP	Fr. PIERCE FL 34	1949 - 8848						
TITLE	TD	DELETE	6.1 TITLE	TREASURER I DIR,	Change Addition						
NAME	SCHURMANN, MARY ANN	, `	6.2 NAME	MARY VAN DER LUC 1009 S. HEADER CA	gT ρ_{Δ}						
STREET ADDRESS	1224 SOLTMANN AVE.		6.3 STREET ADDRESS	1009 S. HEADER CA	NAC KD						
	ET DIEDOE EI		•	['ell' / / / / /"	210.15 1160U						

14. 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 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: Placer usuded Lient

2/27/98

561-461-3400

FILED

Mar 06 1998 8:00am

Secretary of State

HZE037 (10/97)