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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47059

1. Corporation Name
GARDEN CLUB OF FORT PIERCE INC.

Principal Place of Business
911 PARKWAY
FT PIERCE FL 34950

Mailing Address
1009 S HEADER CANAL RD
FT. PIERCE FL 34945
US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/27/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0137765 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SCHURMANN, MARY ANN 1224 SOLTMAN AVE. FT PIERCE FL 34950	10. Name and Address of New Registered Agent 81 Name MARY VAN DER LUGT 82 Street Address (P.O. Box Number is Not Acceptable) 1009 S. HEADER CANAL ROAD 83 84 City FT. PIERCE FL 85 Zip Code 34945
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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 *Mary Van der Lugt* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME LOUERIDGE, LOIS STREET ADDRESS 1700 CORTEZ BLVD CITY-ST-ZIP FT PIERCE FL 34982	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE VPD NAME SCHIRARD, KRISTEN STREET ADDRESS 5404 EAGLE DR CITY-ST-ZIP FT PIERCE FL 34951	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME VPD SHIRLEY WALKER 2.3 STREET ADDRESS 705 GRANDVIEW BLVD 2.4 CITY-ST-ZIP FT. PIERCE, FL 34982-6233
TITLE VPD NAME HERMINETT, IRIS STREET ADDRESS 2022 S 3RD ST CITY-ST-ZIP FT PIERCE FL 34950	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE SD NAME BOWER, MARION STREET ADDRESS 1712 ARIZONA AVE CITY-ST-ZIP FT PIERCE FL 34982	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME SD EMILY JENNINGS 4.3 STREET ADDRESS 10901 S. INDIAN RIVER DR 4.4 CITY-ST-ZIP FT. PIERCE, FL 34982-7835
TITLE SD NAME RICE, DONNA STREET ADDRESS 4949 NO A1A APT 82 CITY-ST-ZIP FT. PIERCE FL 34949	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE TD NAME LUGT, MARY VAN DER STREET ADDRESS 1009 S HEADER CANAL RD CITY-ST-ZIP FT. PIERCE FL 34945	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE: *Mary Van der Lugt* REGISTERED 3/17/99 561-461-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARY VAN DER LUGT

CR2E037 (11/98)