


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90011 019 \*\*\*\*61.25

**DOCUMENT # N47059**  
1. Entity Name  
**GARDEN CLUB OF FORT PIERCE INC.**



Principal Place of Business      Mailing Address  
**911 PARKWAY  
FT PIERCE FL 34950**      **705 GRANDVIEW BLVD  
FORT PIERCE FL 34982  
US**

14022919



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1009 S. Header Canal Road  
Ft. Pierce, FL 34945**

MOORE      CR2E037 (11/03)

City & State      City & State

4. FEI Number      Applied For  
**65-0137765**      Not Applicable

Zip      Country      Zip      Country  
**34945**      **St. Lucie**

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

6. Name and Address of Current Registered Agent  
**WALKER, SHIRLEY  
705 GRANDVIEW BLVD  
FORT PIERCE FL 34982**

7. Name and Address of New Registered Agent  
Name  
**Mary van der Lugt**  
Street Address (P.O. Box Number is Not Acceptable)  
**1009 S. header Canal Road  
Ft. Pierce, FL 34945**  
City      **FL**      Zip Code  
**34945**

8. 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Mary van der Lugt*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERMENITT, IRIS 2022 S THIRD STREET FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARREN, GRACE 1223 S BAYSHORE DR APT 304 FORT PIERCE FL 34949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIS, JEANNETTE 1435 CAPTAINS WALK APT. B FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN DER LIGHT, MARY 1009 S. HEADER CANAL RD. FORT PIERCE FL 34945 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, ROSE 509 HOLLY AVE FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Thornton, Mary 2070 Colonial Road, #1 Ft. Pierce, FL 34950-5362 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, SHIRLEY 705 GRANDVIEW BLVD FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD van der Lugt, Mary 1009 S. Header Canal Road Ft. Pierce, FL 34945 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Shirley Walker *Shirley Walker*      04-19-04      772-465-5580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #