


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90100 037 ****61.25

DOCUMENT # N47059 1. Entity Name GARDEN CLUB OF FORT PIERCE INC.			
Principal Place of Business 911 PARKWAY FT PIERCE FL 34950		Mailing Address 509 HOLLY AVE PORT SAINT LUCIE FL 34984 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 509 Holly Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ft. Pierce, FL	
Zip	Country	Zip	Country
34982		34982	US
4. FEI Number 65-0137765		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN DER LUGT, MARY 1009 S HEADER CANAL RD FORT PIERCE FL 34945		7. Name and Address of New Registered Agent Name: Rose Young Street Address (P.O. Box Number is Not Acceptable): 509 HOLLY AVE FL PIERCE City: Ft. Pierce FL Zip Code: 34982	
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: <i>Rosalie Young</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/07			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: PD NAME: YANAROS, ANNA S STREET ADDRESS: PO BOX 1722 CITY - ST - ZIP: FORT PIERCE FL 34954	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: PARKIN, DIXIE MRS STREET ADDRESS: 1705 BAYSHORE DRIVE CITY - ST - ZIP: Ft Pierce, FL 34949-3402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: PARKIN, DIXIE MRS STREET ADDRESS: 1705 BAYSHORE DRIVE CITY - ST - ZIP: FORT PIERCE FL 34949-3402	<input checked="" type="checkbox"/> Delete	TITLE: V NAME: Dotty Greene STREET ADDRESS: 5802 DEER RUN DRIVE CITY - ST - ZIP: Ft. Pierce, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GREENE, DOTY STREET ADDRESS: 5802 DEER RUN DRIVE CITY - ST - ZIP: FORT PIERCE FL 34951	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Emily Jennings STREET ADDRESS: 10901 S. INDIAN RIVER DRIVE CITY - ST - ZIP: Ft. Pierce, FL 34982 - 7835	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: YOUNG, ROSE MRS STREET ADDRESS: 509 HOLLY AVE CITY - ST - ZIP: FORT PIERCE FL 34982	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Rosalie Young* 4/26/07 772-461-8215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #