


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90168 048 ****61.25

0095932

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



Principal Place of Business
**911 PARKWAY
FT PIERCE FL 34950**

Mailing Address
**10901 S INDIAN RIVER DR
FORT PIERCE FL 34982
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**705 GRANDVIEW BLVD
FORT PIERCE, FL**

City & State
City & State



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent
**SCHURMANN, MARY A
1224 SOLTMAN AVE
FORT PIERCE FL 34950**

7. Name and Address of New Registered Agent
Name
WALKER, Shirley
Street Address (P.O. Box Number is Not Acceptable)
**705 GRANDVIEW BLVD
FORT PIERCE FL**
City
34982 FL Zip Code

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 *Shirley Walker*
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

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 WAGNER, CINDY 1180 COMMERCE CRT APT #205 FORT PIERCE FL 34949 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERMENITT, IRIS 2022 S THIRD STREET FORT PIERCE, FL 34950 <input checked="" 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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD willis, Jeannette 1435 CAPTAINS WALK APT. B FORT PIERCE, FL 34950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, VELMA 4164A GATOR TRACE VILLAS CIR FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN DER LUHT, MARY 1009 S. HEATER CANAL RD. FORT PIERCE, FL 34945 <input checked="" 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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALKER, Shirley 705 GRANDVIEW BLVD FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHURMANN, MARY ANN 1224 SOLTMAN AVE. FORT PIERCE FL 34950 <input checked="" type="checkbox"/> Delete		

12. 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 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: *MARY ANN SCHURMANN*
SIGNATURE REQUIRED *Schumann* 4/17/03 772-461-3290

CR2E037 (10/02)