

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05720 (0)
1. Corporation Name
DAVIS ISLANDS GARDEN CLUB



Principal Place of Business
81 COLUMBIA DRIVE
TAMPA FL 33606

Mailing Address
81 COLUMBIA DRIVE
TAMPA FL 33606

3. Date Incorporated or Qualified 10/17/1984
3a. Date of Last Report 03/22/1995

2. Principal Place of Business
21 Same as above
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 Same as above
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number 59-1482942
X Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARRISON, MRS. ERNEST (JOAN K.)
108 MARTINIQUE AVENUE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	BEDAMI, MRS CIRO	5396 GULF BLVD, 410	ST PETERSBURG FL	<input checked="" type="checkbox"/>
VD	WOMBLE, MS D B	206 CHIPEWA AVE	TAMPA FL	<input checked="" type="checkbox"/>
SD	SIZEMORE, MRS B	112 LADOGA	TAMPA FL	<input checked="" type="checkbox"/>
VD	FEIL, MS MAREN	69 BAHAMA C	TAMPA FL	<input checked="" type="checkbox"/>
SD	BAYA, MRS P	2 ADALIA #504	TAMPA FL	<input checked="" type="checkbox"/>
TD	EUSTACE, MRS ROY	132 BALTIC CIRCLE	TAMPA FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President D	Houghton, Mrs. Maren	69 Bahama Cir, Tampa, FL 33606		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st V-Pres. D	Gomez, Mrs. Violet	4107 Carmen St., Tampa, FL 33609		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2nd. V-Pres. D	Carpenter, Ms Annie-Kate	59 Aegean, Tampa, FL 33606		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recording Sec'y. D	Martinez, Mrs. Ann	1906 St. Isabel, Tampa, FL 33607		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Corresp. Sec'y. D	Baya, Mrs. Pat	172 E. Davis Blvd. Tampa, FL 33606		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer D	Palori, Mrs. Mary	609 Danube Ave, Tampa, FL 33606		<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mary A. Palori
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary A. Palori, Treasurer

6-13-96 (813) 251-2775

Date Daytime Phone #

CR2E037 (3/96)