FILE NOW: FILING FEE IS \$61.25 NONPROFIT **CORPORATION**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

ANNUAL REPORT

(5)

GARDEN CLUB OF JACKSONVILLE, INCORPORATED

FILED Apr 02 1998 8:00am Secretary of State

Principal Place of Business 1005 RIVERSIDE AVENUE JACKSONVILLE FL 32204		Mailing Address 1005 RIVERSIDE AVENUE JACKSONVILLE FL 32204		Date Incorporated or Qualified O5/10/1977			
					<u>59-0520717</u>	Not Applicable	
Principal Place of Business		2e. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
Zip 24	Country 25	Zip 29	Cour 30	itry	This corporation owes or has paid the our Personal Property Tax due June 30.	rent year Intangible Yes 💢 No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
BRICKELL, SALLY B 1005 RIVERSIDE AVE JACKSONVILLE FL 32204			3	Name Street Ad Graph City	dress (P.O. Box Number is Not Acceptable)	85 Zip Code	
office or ri	egistered agent, or both, in the S m familiar with, and accept the o	itate of Florida. Such cha	inge was autborized	by the comor.	rporation submits this statement for the purpose of aton's board of directors. I hereby accept the app	changing its registered ointment as registered	

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE HOWARTH, HELEN NAME 1.2 NAME 1253 WESTLAWN DR STREET ADDRESS 1.3 STREET ADDRESS Jacksonville fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DAT X DELETE Change : Addition TITLE 2.1 TITLE **SLUIS. SHIRLEY** NAME 22 NAME 2092 WATER CREST DRIVE STREET ADDRESS 2.3 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 2.4 CITY-ST-ZIP **Y**DELETE TITLE 3.1 TITLE Change Addition PETIT, SONYA NAME 3.2 NAME Wall 26 65 Pat 7518 HOLIDAY RD S STREET ADDRESS 3.3 STREET ADDRESS 7014 50h 50 30 30 10h Ar JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP BREWSTER, ANN ASSES to my DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 2970 ST JOHNS AVE 10B STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 1 10 1/4 5.1 TITLE MČ ČAŬLIE, EUNICE NAME 5.2 NAME 2836 IONIC AVE. STREET ADDRESS 5.3 STREET ADDRESS JAX FL 32210 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I hereby certify that the information supplied with this filing does not qualify for the exerindicated on this annual report or supplemental annual report is true and accurate and the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cer that my signature shall have the same legal effect as if made under cath; that I am an r the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed,

CITY-ST-ZIP