

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90001 011 *****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 706117

1. Corporation Name

PLANT CITY GARDEN CLUB INC

Principal Place of Business

1112 N. WHEELER STREET
PLANT CITY FL 33566

Mailing Address

1112 N. WHEELER STREET
PLANT CITY FL 33566



| | | |
|---|------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 09/05/1963 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 23-7437214 |
| 24 Country | 29 Country | Applied For |
| | 30 | Not Applicable |
| 9. Name and Address of Current Registered Agent | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 10. Name and Address of New Registered Agent | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

GRIFFIN, JAN
2912 CLUBHOUSE DR
PLANT CITY FL 33567

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, ELIZABETH | 1.2 NAME | |
| STREET ADDRESS | 4508 OLD MULBERRY RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY FL 33567 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STOTTELMYER, DARCY | 2.2 NAME | |
| STREET ADDRESS | 4004 ASTON PL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY FL 33567 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIFFIN, JAN | 3.2 NAME | |
| STREET ADDRESS | 2912 CLUBHOUSE DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY FL 33567 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, ELLEN | 4.2 NAME | |
| STREET ADDRESS | 6205 W KNIGHTS GRIFFIN RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY FL 33565 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLOYD, CINDY | 5.2 NAME | |
| STREET ADDRESS | 1912 HUNTER RD W | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY FL 33565 | 5.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLLARD, BETTY | 6.2 NAME | |
| STREET ADDRESS | 4406 SLEEPY HOLLOW LN | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY FL 33565 | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 11, 1999

813-754-8625

0048543

CR2E037 (1/98)