

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90021 034 ****61.25

DOCUMENT # N05720

1. Entity Name

DAVIS ISLANDS GARDEN CLUB



Principal Place of Business

81 COLUMBIA DRIVE
TAMPA FL 33606

Mailing Address

81 COLUMBIA DRIVE
TAMPA FL 33606



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1482942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEEPLS, JOYCE W
907 CUTLER DRIVE
SEFFNER FL 33584

Name

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

City

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GILL, PEGGY	
STREET ADDRESS	71 MARTINIQU AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TODD, MARY	
STREET ADDRESS	919 S. ROME AVE #12	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BEDAMI, JEANNE	
STREET ADDRESS	13516 PALMWOOD LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEEPLS, JOYCE W	
STREET ADDRESS	907 CUTLER DRIVE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPENCER, SHARI	
STREET ADDRESS	P.O. BOX 66	
CITY-ST-ZIP	ODESSA FL 33556-0066	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	PALORI, MARY	
STREET ADDRESS	609 DANUBE AVE	
CITY-ST-ZIP	TAMPA FL 33606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBECCA JAMES	
STREET ADDRESS	22 LADOGA AVE	
CITY-ST-ZIP	TAMPA FL 33606-3804	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRENE POTTER	
STREET ADDRESS	420 S. MATANZAS AVE	
CITY-ST-ZIP	TAMPA FL 33609-3041	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE WATKINS	
STREET ADDRESS	429 W. DAVIS BLVD	
CITY-ST-ZIP	TAMPA FL 33606-3666	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Joyce W. Peoples TREASURER *Joyce W. Peoples* 1/31/08 (813) 441-1195