2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2018
Secretary of State
CC8116072986

DOCUMENT# 738988

Entity Name: GARDEN CLUB OF JACKSONVILLE, INCORPORATED

Current Principal Place of Business:

1005 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

Current Mailing Address:

1005 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

FEI Number: 59-0520717

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POWERS, BETSY PRESIDENT
1005 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US

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.

SIGNATURE: BETSY POWERS 01/10/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	POWERS, BETSY
Address	4479 HARBOUR NORTH COURT
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP2
Name	ROYCE, KATHY
Address	8150 IBACH RD.
City-State-Zip:	JACKSONVILLE FL 32216

Title	SECRETARY
Name	SAUER, ANN
Address	1667 JORK RD.
City-State-Zip:	ORANGE PARK FL 32207

Title	TRUSTEE
Name	ARNOLD, BOBBY
Address	4745 ORTEGA BLVD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	WAGAND, SHARON
Address	2715 VICTORIAN OAKS DR.
City-State-Zip:	JACKSONVILLE FL 32223

Title	TREASURER
Name	CHOPSKIE, NAN
Address	7834 HUNTERS GROVE RD.
City-State-Zip:	JACKSONVILLE FL 32256

Title	TRUSTEE
Name	MAHON, NANCY
Address	3606 PT. PLEASANT RD.
City-State-Zip:	JACKSONVILLE FL 32217

Title	TRUSTEE
Name	BYRD, DEBBIE
Address	5340 SHORECREST DR.
City-State-Zip:	JACKSONVILLE FL 32210

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BETSY POWERS PRESIDENT 01/10/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CORRESPONDING SECRETARY
Name	KELLER, SARAH DEBORAH
Address	1043 HOLLY LANE
City-State-Zip:	JACKSONVILLE FL 32207

Title	TRUSTEE
Name	OWENS, BROOK
Address	4180 JULINGTON CREEK DR.
City-State-Zip:	JACKSONVILLE FL 32223