2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2015
Secretary of State
CC2927872772

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:

WATERS, CAROL
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: CAROL WATERS 04/15/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	WATERS, CAROL
Address	2230 LAKE SHORE BLVD
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP2
Name	BYRD, DEBBIE
Address	5340 SHORECREST DRIVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	SECRETARY
Name	O'SHIELDS, LAVONNE
Address	534 SUGAR GROVE PLACE
City-State-Zip:	ORANGE PARK FL 32073

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

Title	VP
Name	HESTER, JERWANNE
Address	3997 GADSDEN ROAD
City-State-Zip:	JACKSONVILLE FL 32207

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

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

Title	TRUSTEE
Name	HUGHES, CHARLENE
Address	4265 YACHT CLUB RD.
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: CAROL WATERS PRESIDENT 04/15/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	POWERS, BETSY
Address	4479 HARBOUR NORTH CT.
City-State-Zip:	JACKSONVILLE FL 32225

Title	ASSISTANT TREASURER
Name	BAXTER, LAUREN
Address	4965 RIVER BASIN DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32207

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