

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

01/22/2016

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

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

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

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

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

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

Title TRUSTEE
Name HUGHES, CHARLENE
Address 4265 YACHT CLUB RD.
City-State-Zip: JACKSONVILLE FL 32210

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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: LAUREN BREW BAXTER**ASSISTANT TREASURER** 01/22/2016

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, SARAH DEBORAH
Address 1043 HOLLY LANE
City-State-Zip: JACKSONVILLE FL 32207