

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90007 006 ****61.25

DOCUMENT # 701477

1. Entity Name

**GARDEN CLUB OF INDIAN RIVER COUNTY,
INCORPORATED**



Principal Place of Business

**2526 17TH AVENUE
VERO BEACH FL 32960**

Mailing Address

**2526 17TH AVENUE
VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

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

**VERON, BONNIE
280 S PEPPERTREE DRIVE
VERO BEACH FL 32963-1210**

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: *Bonnie R. Veron*

February 14, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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: **D** ☐ Delete
NAME: **BONNIE, VERON**
STREET ADDRESS: **280 S. PEPPERTREE DR.**
CITY-ST-ZIP: **VERO BEACH FL 32963-5012**

TITLE: **D** ☐ Delete
NAME: **CUNNINGHAM, BARBARA**
STREET ADDRESS: **685 GLENVIEW TERRACE**
CITY-ST-ZIP: **VERO BEACH FL 32962-1516**

TITLE: **SD** ☒ Delete
NAME: **COLLINS, DEBBIE**
STREET ADDRESS: **1190 BOUNTY BLVD**
CITY-ST-ZIP: **VERO BEACH FL 32963-2553**

TITLE: **S** ☒ Delete
NAME: **ZEUNER, JEAN**
STREET ADDRESS: **80 BEACHSIDE DRIVE**
CITY-ST-ZIP: **VERO BEACH FL 32963-9563**

TITLE: **VPD** ☒ Delete
NAME: **HARDEEN, VIVIANNE**
STREET ADDRESS: **1540 SABAL CT**
CITY-ST-ZIP: **VERO BEACH FL 32963-4285**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition
NAME: **Bell, Kathy**
STREET ADDRESS: **910 Windsong Way**
CITY-ST-ZIP: **32963-2543**
REcording Secretary

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition
NAME: **Blythe, Patricia**
STREET ADDRESS: **825 90th Avenue**
CITY-ST-ZIP:
First Vice-President

TITLE: ☐ Change ☒ Addition
NAME: **Hinton, Marjorie A.**
STREET ADDRESS: **P.O. BOX 2941**
CITY-ST-ZIP: **32961-2941**
Treasurer

12. 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 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: *Bonnie R. Veron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 14, 2004 772-234-3827

Date

Daytime Phone #