

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 702506

1. Entity Name  
WINTER HAVEN COUNCIL OF GARDEN CLUBS INC.



Principal Place of Business  
WINTER HAVEN GARDEN CENTER  
715 3RD ST., NW  
WINTER HAVEN, FL 33882 US

Mailing Address  
P.O. BOX 682  
P.O. BOX 682  
WINTER HAVEN, FL 33882-0682 US

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**



01162007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1369333

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HYMAN, JAN  
1161 INERLOCHEN BLVD.  
WINTER HAVEN, FL 33884

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SPARROW, PEGGY  
P.O. BOX-976  
WINTER HAVEN, FL 33882

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
TUCKER, BET  
17 LAKE ELOISE LANE  
WINTER HAVEN, FL 33884

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CSD  
KING, SANDRA  
2430 HARTRIDGE POINTE  
WINTER HAVEN, FL 33881

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
DEURLEIN, ELAINE  
241 SANTA ROSA DR.  
WINTER HAVEN, FL 33884

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
BARBEN, LAURA  
P.O. BOX 789  
AVON PARK, FL 33826

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
HYMAN, JAN  
1161 INTERLOCHEN BLVD.  
WINTER HAVEN, FL 33884

000000593068  
01/22/07-80017-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN HYMAN

1/16/07

Date

863-293-7638

Daytime Phone #