


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90044 021 ****61.25

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| DOCUMENT # 703261 1. Entity Name WINTER PARK GARDEN CLUB INC | | | |  | |
| Principal Place of Business 1385 S DENNING DR WINTER PARK, FL 32789 | | | Mailing Address MEAD BOTANNICAL GARDENS PO BOX 272 WINTER PARK, FL 32790 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03202007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-6020796 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WHITLEY + CO., PA 601 N. FERNCREEK AVE., STE 200 ORLANDO, FL 32853 | | | 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 _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARCIA, FREY | | NAME | Vivienne McKinney | |
| STREET ADDRESS | 139 GENIUS DRIVE | | STREET ADDRESS | 520 Virginia Drive | |
| CITY-ST-ZIP | WINTER PARK, FL 327895103 | | CITY-ST-ZIP | Winter Park - FL 32789 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FURBISH, KIM | | NAME | Furbish, Kim | |
| STREET ADDRESS | 412 CINNAMON OAK COURT | | STREET ADDRESS | 2112 Shady Lane | |
| CITY-ST-ZIP | LAKE MARY, FL 327464840 | | CITY-ST-ZIP | Geneva, FL 32732 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAXTER, VALERIE | | NAME | Baxter, Valerie | |
| STREET ADDRESS | 1516 NOHINGHAM STREET | | STREET ADDRESS | 1516 Nottingham Street | |
| CITY-ST-ZIP | ORLANDO, FL 328031108 | | CITY-ST-ZIP | Orlando, FL 32803 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REKER, JAN | | NAME | | |
| STREET ADDRESS | 1660 JOELINE CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER PARK, FL 327895916 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u>Janet M. Reker</u> | | Date: <u>4-12-07</u> | | Daytime Phone #: <u>407-629-0248</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |