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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **704092** **(6)**

1. Corporation Name

SARASOTA GARDEN CLUB, INCORPORATED

Principal Place of Business	Mailing Address
1131 BOULEVARD OF THE ARTS SARASOTA FL 34236	1131 BOULEVARD OF THE ARTS SARASOTA FL 34236-4809

3. Date Incorporated or Qualified: **05/24/1962**
3a. Date of Last Report: **03/02/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-0968250** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BURNS, DALE (MARIE)
4647 GLEBE FARM RD.
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name: FLORENCE MERCER
82 Street Address (P.O. Box Number is Not Acceptable): [illegible] BLVD OF ARTS
83: 7442 OAK MOSS DRIVE
84 City: SARASOTA FL 85 Zip Code: 34241

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Florence Mercer, Treasurer
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LABRIE, MRS. CATHERINE		1.2 NAME	BLAU, MRS SHIRL BLAU	
STREET ADDRESS	1024 RHODES AVE.		1.3 STREET ADDRESS	8401 TURNBERRY CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34237		1.4 CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	BLAU, MRS. SHIRL REA		2.2 NAME	ANGLE SUSAN	
STREET ADDRESS	8401 TURNBERRY CIRCLE		2.3 STREET ADDRESS	7578 FAIRLINKS CT	
CITY-ST-ZIP	SARASOTA FL 34241		2.4 CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VD	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	SCOTT, LEE M		3.2 NAME	BURNS, MRS DALE	
STREET ADDRESS	7252 BRUGHTON ST		3.3 STREET ADDRESS	4847 GLEBE FARM RD	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA FL	
TITLE	VDT	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	BURNS, MRS. DALE		4.2 NAME	LABRIE, MRS CATHERINE	
STREET ADDRESS	4847 GLEBE FARM RD		4.3 STREET ADDRESS	1024 RHODES AVE	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	S	☐ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	ANGLE, MRS. SUE		5.2 NAME	GILLIS, MRS MARGARET	
STREET ADDRESS	7578 FAIRLINKS CT.		5.3 STREET ADDRESS	2468 McGUFFEY CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34243		5.4 CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	T	☐ DELETE	6.1 TITLE	T	☒ Change ☐ Addition
NAME	SCHUMACHER, MRS RICHARD		6.2 NAME	MERCER, FLORENCE	
STREET ADDRESS	1937 BROOKHAVEN DR		6.3 STREET ADDRESS	7442 OAK MOSS DR	
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	SARASOTA FL 34231	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florence Mercer RECEIVED Director FLORENCE MERCER 4/30/97 941-378-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0061079