

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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SARASOTA FL 34236

3. Date Incorporated or Qualified

05/24/1962

4. FEI Number

59-0968250

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MERCER, FLORENCE
7442 OAK MOSS DRIVE
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name JANE D. LAWRENCE

82 Street Address (P.O. Box Number is Not Acceptable)

2644 MOSS OAK DR

83

84 City SARASOTA

FL

85 Zip Code 34231

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 *Jane D. Lawrence, Treasurer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/11/98
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME BLAU, MRS. S
STREET ADDRESS 8401 TURNBERRY CIR
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ DELETE

NAME SUE, ANGLE
STREET ADDRESS 7578 FAIRLINKS CT
CITY-ST-ZIP SARASOTA FL

TITLE DV ☐ DELETE

NAME BURNS, MRS. D
STREET ADDRESS 4847 GLEBE FARM RD
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ DELETE

NAME LABRIE, MRS. C
STREET ADDRESS 1024 RHODES AVE.
CITY-ST-ZIP SARASOTA FL

TITLE S ☒ DELETE

NAME GILLIS, MRS. M
STREET ADDRESS 2468 MCGUFFEY CIR.
CITY-ST-ZIP SARASOTA FL

TITLE T ☐ DELETE

NAME MERCER, FLORENCE
STREET ADDRESS 7442 OAK MOSS DR
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE T ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE T ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Jane D. Lawrence JANE D. LAWRENCE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/98
Daytime Phone #

FILED
Jul 16 1998 8:00am
Secretary of State



CR2E037 (5/98)