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

FILED
Aug 20, 2004 8:00 am
Secretary of State
08-20-2004 90004 015 ****61.25

DOCUMENT # 704092

1. Entity Name

SARASOTA GARDEN CLUB, INCORPORATED

54069186

MOORE CR2E037 (4/04)

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

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 59-0968250 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAWRENCE, JANE D
2644 MOSS OAK DRIVE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name JOAN E ADAMS

Street Address (P.O. Box Number is Not Acceptable)
2706 SHERIDAN DR

City SARASOTA FL Zip Code 34239

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 _____ 8.18.04
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 September 8, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ATKINS, J MRS 2103 MUSKOGEE TR NOKOMIS FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KATHRYN JOHNSON 2323 OKOBEE DRIVE SARASOTA FL 34239	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MOSCHINI, SANDY 426 CLEVELAND DR SARASOTA FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANDY PAPINEAU 5853 FARRARA DRIVE SARASOTA, FL 34238	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON, M MRS 2323 OKOBEE DR SARASOTA FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOAN E ADAMS 2706 SHERIDAN DRIVE SARASOTA, FL 34239	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAWRENCE, JANE D 2644 MOSS OAK DRIVE SARASOTA FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARILYN KEYSER 3229 VINOY PLACE SARASOTA FL 34239	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURPHY, B MRS 1222 SEA PLUME WAY SARASOTA FL 34242	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALA OLSON 6263 MIDNIGHT PASS RD. # 202 SARASOTA FL 34242	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DONNA HALLSTEN 940 EVEREST RD. VENICE, FL 34293	☒ Change ☐ Addition

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: _____ Joan E. Adams 8.18.04 (941) 924-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #