

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90077 017 ****61.25

DOCUMENT # 704092

1. Entity Name

SARASOTA GARDEN CLUB, INCORPORATED



Principal Place of Business

1131 BOULEVARD OF THE ARTS
SARASOTA FL 34236

Mailing Address

1131 BOULEVARD OF THE ARTS
SARASOTA FL 34236

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

ADAMS, JOAN E
2706 SHERIDAN DR
SARASOTA FL 34239

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]

JAN. 22, 2007

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	P	☐ Delete
NAME	PAPINEAU, ANDY	
STREET ADDRESS	5853 FARRARA DR	
CITY-STATE-ZIP	SARASOTA FL 34238	
TITLE	V	☐ Delete
NAME	RAO, BARBARA	
STREET ADDRESS	872 BAYPORT CIR	
CITY-STATE-ZIP	VENICE FL 34292	
TITLE	VD	☒ Delete
NAME	JOHNSON, M MRS	
STREET ADDRESS	2323 OKOBBE DR	
CITY-STATE-ZIP	SARASOTA FL 34239	
TITLE	T	☒ Delete
NAME	PAPINEAU, MARY FRAN	
STREET ADDRESS	5853 FARRARA DR	
CITY-STATE-ZIP	SARASOTA FL 34238	
TITLE	S	☒ Delete
NAME	HALLSTEN, DONNA	
STREET ADDRESS	940 EVEREST RD	
CITY-STATE-ZIP	VENICE FL 34293	
TITLE	AT	☐ Delete
NAME	GOOLSBY, JUANITA	
STREET ADDRESS	5906 NORTH SHADE AVE	
CITY-STATE-ZIP	SARASOTA FL 34243	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VD	☒ Change ☐ Addition
NAME	CATHERINE LABRIE	
STREET ADDRESS	1024 RHODES AVE.	
CITY-STATE-ZIP	SARASOTA, FL 34237	
TITLE	T	☒ Change ☐ Addition
NAME	ADAMS, JOAN E.	
STREET ADDRESS	2706 SHERIDAN DR.	
CITY-STATE-ZIP	SARASOTA, FL 34239	
TITLE	S	☒ Change ☐ Addition
NAME	PAPINEAU, MARY FRAN	
STREET ADDRESS	5853 FARRARA DR.	
CITY-STATE-ZIP	SARASOTA, FL 34238	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 22, 2007

DATE

Signature Phrase *

941-
955-0875