


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 704092 1. Entity Name SARASOTA GARDEN CLUB, INCORPORATED	
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FILED
08 MAY 12 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1131 BOULEVARD OF THE ARTS SARASOTA, FL 34236	Mailing Address 1131 BOULEVARD OF THE ARTS SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

05062008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent ADAMS, JOAN E 2706 SHERIDAN DR SARASOTA, FL 34239	7. Name and Address of New Registered Agent Name <u>JANE D. LAWRENCE</u> Street Address (P.O. Box Number is Not Acceptable) <u>2644 MOSS OAK DR</u> City <u>SARASOTA</u> <u>FL</u> Zip Code <u>34231</u>
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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 Jane D. Lawrence, JANE D. LAWRENCE, TREASURER DATE MAY 5, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPINEAU, ANDY	NAME	Ginger Vance
STREET ADDRESS	5853 FARRARA DR	STREET ADDRESS	6912 LENNOX PL
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	V <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAO, BARBARA	NAME	900129597319
STREET ADDRESS	872 BAYPORT CIR	STREET ADDRESS	05/15/08--01026--008 **\$61.25
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LABRIE, CATHERINE	NAME	Jane Slaughter
STREET ADDRESS	1024 RHODES AVE	STREET ADDRESS	4689 SWEETMEADOW CIR
CITY-ST-ZIP	SARASOTA, FL 34237	CITY-ST-ZIP	SARASOTA FL 34235
TITLE	T <input type="checkbox"/> Delete	TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JOAN E	NAME	
STREET ADDRESS	2706 SHERIDAN DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34239	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPINEAU, MARY F	NAME	JANE LAWRENCE
STREET ADDRESS	5853 FARRARA DR	STREET ADDRESS	2644 MOSS OAK DR
CITY-ST-ZIP	SARASOTA, FL 34238	CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	AT <input checked="" type="checkbox"/> Delete	TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOOLSBY, JUANITA	NAME	PENNY THOMAS
STREET ADDRESS	5906 NORTH SHADE AVE	STREET ADDRESS	4112 PINAR DR
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	BYADENTON FL 34210

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: JANE D. LAWRENCE Jane D. Lawrence 5/5/08 (941) 923-4405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #