

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704092

FILED
Apr 22, 2009
Secretary of State

Entity Name: SARASOTA GARDEN CLUB, INCORPORATED

Current Principal Place of Business:

1131 BOULEVARD OF THE ARTS
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1131 BOULEVARD OF THE ARTS
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-0968250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, JANE D
2644 MOSS OAK DR
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: VANCE, GINGER
Address: 6912 LENNOX PL
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: P () Delete
Name: RAO, BARBARA
Address: 872 BAYPORT CIR
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: SLAUGHTER, JANE
Address: 4689 SWEET MEADOW CIR
City-St-Zip: SARASOTA, FL 34235

Title: AT () Delete
Name: ADAMS, JOAN E
Address: 2706 SHERIDAN DR
City-St-Zip: SARASOTA, FL 34239

Title: T () Delete
Name: LAWRENCE, JANE
Address: 2644 MOSS OAK DR
City-St-Zip: SARASOTA, FL 34238

Title: AT () Delete
Name: THOMAS, PENNY
Address: 4112 PINAR DR
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: JOHNSON, KATHRYN
Address: 2323 OKOBEE DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE D. LAWRENCE

T

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date