


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90123 032 \*\*\*\*61.25

<b>DOCUMENT # 704924</b> 1. Entity Name <b>THE GARDEN CLUB OF STUART, INC.</b>					
Principal Place of Business <b>17 MARTIN L KING JR BLVD P.O. BOX 106 STUART, FL 34995-0106 US</b>			Mailing Address <b>17 MARTIN L KING JR BLVD P.O. BOX 106 STUART, FL 34995-0106 US</b>		
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 <b>59-6151200</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>THURLOW, THOMAS H 111 17 MARTIN L KING JR BLVD STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPILMAN, BOBBIE 1625 SE BALLANTRAE BLVD PORT ST LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD... Spilman, Bobbie 1625 SE Ballantrae Blvd. Port St. Lucie, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD BERGER, DONNA 2950 SE OCEAN BLVD., 122-4 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Berger, Donna 2950 SE Ocean Blvd. 122-4 Stuart, FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD WEEKS, PATRICIA 3914 SE FAIRWAY, EAST STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Weeks, Patricia 3914 SE Fairway East Stuart, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLAND, MARJORY 2474 SE DRAYTON ROAD PORT ST LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Crabtree, Sally 1474 SW Greens Point Way Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD SONDR, MOLL 11637 NE 76 AVE OKEECHOBEE, FL 33472		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD Moll, Sandra 11637 NE 76th Ave. Okeechobee, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TEAGUE, ANITA 2901 SE ROUND TREE DRIVE PORT SAINT LUCIE, FL 34952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stuart, Mae 2950 SE Ocean Blvd. #12-6 Stuart, FL 34996	
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.					
<b>SIGNATURE:</b> <i>Anita T. Teague, Treas.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	

**50034106**



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