


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90037 031 ****61.25

DOCUMENT # 711250 1. Entity Name PUNTA GORDA GARDEN CLUB, INC.					
Principal Place of Business FIRST UNITED METHODIST CHURCH 507 W MARION AVE. PUNTA GORDA, FL 33950 US			Mailing Address P O BOX 511167 PUNTA GORDA, FL 33951-1167 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03102008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1612027	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAULNIER, DONNA 206 BIG PINE LANE PUNTA GORDA, FL 33950-1896				Name CAROLYN HONOUR Street Address (P.O. Box Number is Not Acceptable) 1211 CORONADO DR. City PUNTA GORDA FL Zip Code 33950-6307	
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 <u><i>Carolyn Honour</i></u> DATE <u>3-11-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HONOUR, CAROLYN 1211 CORONADO DRIVE PUNTA GORDA, FL 339506307	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY MEARNS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29387 TAKALANE DR. PUNTA GORDA, FL 33982-1208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYMANS, ELISE 9160 BURNT STORE RD. PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONNA SAULNIER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 206 BIG PINE LN PUNTA GORDA, FL 33955-1896	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEHMAN, CHRIS 1133 BALHARBOR 1139 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BETSY FOSTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2361 VIA VENICE PUNTA GORDA, FL 33950-6457	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORKERS, SUZANNA H 260 LID DR. PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROLE BIGGS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1368 JACANA GT. PUNTA GORDA, FL 33950-7625	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERMINSKI, BONNIE 1420 WAYWING CT PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Carolyn Honour</u> <u>Carolyn Honour</u> Date <u>3-11-08</u> Daytime Phone # <u>941-575-8259</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					