

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712466 (2)

1. Corporation Name

GARDEN CLUB OF DELTONA, FLORIDA, INC.



Principal Place of Business

Mailing Address

2081 DEBORAH TERR
DELTONA FL 32725
US

2081 DEBORAH TERR
DELTONA FL 32725
US

3. Date Incorporated or Qualified
03/22/1967

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 1407 SECTION LINE TRAIL

26 1407 SECTION LINE TRAIL

4. FEI Number
59-1992885

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 DELTONA, FL

28 DELTONA, FL

24 Zip

25 Country

29 Zip

30 Country

24 32725-7418

25 USA

29 32725-7418

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONGER, JANE
2081 DEBORAH TERRACE
DELTONA FL 32725

81 Name BARBARA WILLEY

82 Street Address (P.O. Box Number is Not Acceptable)

1407 SECTION LINE TRAIL

83

84 City DELTONA

FL

85 Zip Code

32725-7418

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE BARBARA WILLEY

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

(NOTE: Registered Agent signature required when reinstating)

3/13/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CONGER, JANE
STREET ADDRESS 2081 DEBORAH TERRACEAIL
CITY-ST-ZIP DELTONA FL 32725

☒ DELETE

1.1 TITLE PD
12 NAME BARBARA WILLEY
1.3 STREET ADDRESS 1407 SECTION LINE TRAIL
1.4 CITY-ST-ZIP DELTONA, FL 32725-7418

☒ Change

☐ Addition

TITLE VD
NAME KRAFFT, MARIA
STREET ADDRESS 2055 LITTLE FARMS COURT
CITY-ST-ZIP DELTONA FL 32725

☒ DELETE

2.1 TITLE VD
22 NAME VIOLET BREWSTER
2.3 STREET ADDRESS 1068 STILLWATER AV.
2.4 CITY-ST-ZIP DELTONA, FL 32725-6463

☒ Change

☐ Addition

TITLE TD
NAME CROWELL, EDITH,
STREET ADDRESS 1429 BIRWOOD ST
CITY-ST-ZIP DELTONA, FL 32725

☒ DELETE

3.1 TITLE TD
32 NAME KAE ARTHUR
3.3 STREET ADDRESS 2104 GOLDEN ARM ROAD
3.4 CITY-ST-ZIP DELTONA, FL 32738-8665

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BARBARA WILLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/13/96 407-574-1842

CR2E037 (12/95)