2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Mar 11, 2002 8:00 am Secretary of State DOCUMENT # 712466 1. Entity Name GARDEN CLUB OF DELTONA, FLORIDA, INC. 03-11-2002 90051 012 ****61 25 Principal Place of Business Mailing Address 2055 LITTLE FARMS CT 2055 LITTLE FARMS CT **DELTONA FL 32738 DELTONA FL 32738** 2. Principal Place of Business 3. Mailing Address 1902 EBARLINGTON DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1992885 Not Applicable DELTONA zip 32725 \$8.75 Additional Country 5. Certificate of Status Desired U.S. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STANLEY, LOUISE H. Street Address (P.O. Box Number is Not Acceptable) KRAFFT, MARIA DR 2055 LITTLE FARMS CT **DELTONA FL 32738** DELTONA 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 न या हमाता स्थाप न या हमाता स्थाप tanley (Louise H. STANLEY SIGNATURE DATE San B. Change Shift 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State ė, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD STANLEY, LOUISE H. Change ☐ Addition PD ☐ Delete TITLE TITLE : KRAFFT, MARIA NAME NAME 1902 E. BARLINGTON DR STREET ADDRESS STREET ADDRESS 2055 LITTLE FARMS CT DELTONA, FL 32725 CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** ☐ Addition Change VD ☐ Delete TITLE TITLE MRS. JEAN-WAGSTER-NAME NAME STANLEY, LOUISE 1246 COMERWOOD DRIVE STREET ADDRESS STREET ADDRESS 1902 E BARLINGTON DRIVE DELTONA, FL 32738-9735 CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32738-5022 MRS RODNEY MILL 1392-WALTON AVE ☐ Addition ☐ Delete TITLE TITLE NAME MARTIN, DIANE NAME STREET ADDRESS STREET ADDRESS 2452 DELBARTON AVE DELTONA, FL. 32738 CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Pres Cours & H. STANLEY)

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