


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90017 010 \*\*\*\*61.25

DOCUMENT # 712466 1. Entity Name GARDEN CLUB OF DELTONA, FLORIDA, INC.	
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Principal Place of Business 1246 COMERWOOD DR DELTONA, FL 32738-9735 US	Mailing Address 1246 COMERWOOD DR DELTONA, FL 32738-9735 US
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**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1992885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WAGSTER, JEAN 1246 COMERWOOD DR DELTONA, FL 32738-9735
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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>Jean L. Wagster</u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGSTER, JEAN 1246 COMERWOOD DR DELTONA, FL 327389735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISH, ANNA 1726 AGATE CIRCLE DELTONA, FL 327253961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS, RODNEY MRS. 1392 WALTON AVENUE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Peggy TAYLOR 2033 DALTON AVE. DELTONA, FL 32725-3313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAYS & MEANS - CHAIRMAN MARIA KRAFT 2055 LITTLE THUMB COURT, DELTONA, FL 32738-2956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER - HORT. CULTURE TRUDY FAHN 447 E. VIOLETA CIRCLE, DELTONA, FL 32738-8632

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: <u>Jean L. Wagster</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Feb 10, 2004</u> <small>Date</small>	 <small>Daytime Phone #</small>
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