

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 712466

1. Entity Name

GARDEN CLUB OF DELTONA, FLORIDA, INC.



Principal Place of Business

1407 SECTION LINE TR
DELTONA, FL 32725-7418 US

Mailing Address

1407 SECTION LINE TR
DELTONA, FL 32725-7418 US



01222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1992885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLEY, BARBARA
1407 SECTION LINE TR
DELTONA, FL 32725-7418

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLEY, BARBAR
STREET ADDRESS 1407 SECTION LINE TRAIL
CITY-ST-ZIP DELTONA, FL 32725

TITLE TD
NAME LEAKE, LOUISE
STREET ADDRESS 2901 DESMOND COURT
CITY-ST-ZIP DELTONA, FL 32738

TITLE V
NAME FANN, TRUDY
STREET ADDRESS 447 E. VIZEAYA CIR
CITY-ST-ZIP DELTONA, FL 32738

TITLE ND
NAME TAYLOR, PEGGY
STREET ADDRESS 2033 DALTON AVE
CITY-ST-ZIP DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000822941
02/20/08-80018-021 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #