

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712466

FILED
Aug 23, 2009
Secretary of State

Entity Name: GARDEN CLUB OF DELTONA, FLORIDA, INC.

Current Principal Place of Business:

1407 SECTION LINE TR
DELTONA, FL 327257418 US

New Principal Place of Business:

Current Mailing Address:

1407 SECTION LINE TR
DELTONA, FL 327257418 US

New Mailing Address:

FEI Number: 59-1992885 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLEY, BARBARA
1407 SECTION LINE TR
DELTONA, FL 327257418 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLEY, BARBAR
Address: 1407 SECTION LINE TRAIL
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: LEAKE, LOUISE
Address: 2901 DESMOND COURT
City-St-Zip: DELTONA, FL 32738

Title: V () Delete
Name: FANN, TRUDY
Address: 447 E. VIZEAYA CIR
City-St-Zip: DELTONA, FL 32738

Title: ND () Delete
Name: TAYLOR, PEGGY
Address: 2033 DALTON AVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA WILLEY

PRES

08/23/2009

Electronic Signature of Signing Officer or Director

Date