

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90200 016 ****61.25

DOCUMENT # 712466

1. Entity Name

GARDEN CLUB OF DELTONA, FLORIDA, INC.



Principal Place of Business

**1902 E BARLINGTON DRIVE
DELTONA FL 32725
US**

Mailing Address

**2055 LITTLE FARMS CT
DELTONA FL 32738
US**

2. Principal Place of Business

3. Mailing Address

1246 COMERWOOD DR

Suite, Apt. #, etc.

City & State

DELTONA, FL

Zip

32738-9735

Country

USA

City & State

DELTONA, FL

Zip

32738-9735

Country

USA

4. FEI Number **59-1992885**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**STANLEY, LOUISE H
1902 E BARLINGTON DRIVE
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name
WAGSTER, JEAN

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

1246 COMERWOOD DR.

City

DELTONA

FL

Zip Code

32738-9735

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

Jean Wagster

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STANLEY, LOUISE	
STREET ADDRESS	1902 E BARLINGTON DRIVE	
CITY-ST-ZIP	DELTONA FL 32738-5022	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WAGSTER, JEAN	
STREET ADDRESS	1246 COMERWOOD DRIVE	
CITY-ST-ZIP	DELTONA FL 32738-9735	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILL, RODNEY	
STREET ADDRESS	1392 WALTON AVENUE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGSTER, JEAN	
STREET ADDRESS	1246 COMERWOOD DR	
CITY-ST-ZIP	DELTONA, FL 32738-9735	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNA FISH	
STREET ADDRESS	1726 AGATE CIRCLE	
CITY-ST-ZIP	DELTONA, FL 32725-3961	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILL, MRS. RODNEY	
STREET ADDRESS	1392 WALTON AVENUE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jean Wagster* **SIGNATURE REQUIRED**

4/21/2003 407-321-7176

CR2E037 (10/02)