

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90039 013 ****61.25

DOCUMENT # 714936

1. Entity Name

MILTON GARDEN CLUB INC



Principal Place of Business

Mailing Address

5361 PARK LANE
MILTON FL 32570

PO BOX 756
MILTON FL 32-5725

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1299762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ANTHONY FAYE~~
~~5361 PARK LANE~~
~~MILTON FL 32570~~

P.O.

Name

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

5256 ALABAMA ST

City

MILTON

FL

Zip Code

32572

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ROGNSTAD, JEAN
STREET ADDRESS 5479 CASA GRANDE CT
CITY-ST-ZIP ORLANDO FL 32853

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SHERMAN, SANDRA
STREET ADDRESS 6013 JESSIE ALLEN ROAD
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MELOY, BARBARA
STREET ADDRESS 4867 MULATTO BAYOU DR
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME WILLIAMS, CAROL
STREET ADDRESS 4660 CRAIG ST
CITY-ST-ZIP MILTON FL 32570

TITLE TD ☐ Change ☐ Addition
NAME AILEEN CLARK
STREET ADDRESS 5025 PONTIAC PARKWAY
CITY-ST-ZIP PACE, FL 32571-9529

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeann Rogstad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.20.07 850.626.1429