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*Dept of State
P.O. 8327 32314*

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

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90013 008 ****61.25

DOCUMENT # 714936					
1. Entity Name MILTON GARDEN CLUB INC					
Principal Place of Business 5361 PARK LANE MILTON, FL 32570		Mailing Address 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	
32572-0756				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 ANTHONY, PATEL, JEAN Rognstad 5256 ALABAMA ST MILTON, FL 32572				7. Name and Address of New Registered Agent	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	Delete <input type="checkbox"/>		TITLE	PD
NAME	ROGNSTAD, JEAN			NAME	Rognstad, G. Jean
STREET ADDRESS	5479 CASA GRANDE CT			STREET ADDRESS	4379 Casa Grande Ct.
CITY-ST-ZIP	ORLANDO, FL 32853			CITY-ST-ZIP	Milton, FL 32583
TITLE	VD	Delete <input type="checkbox"/>		TITLE	
NAME	SHERMAN, SANDRA			NAME	
STREET ADDRESS	6013 JESSIE ALLEN ROAD			STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570			CITY-ST-ZIP	
TITLE	SD	Delete <input type="checkbox"/>		TITLE	SD
NAME	MELOY, BARBARA			NAME	Meloy, Barbara
STREET ADDRESS	4867 MULATTO BAYOU DR			STREET ADDRESS	3857 Thorne Ct.
CITY-ST-ZIP	MILTON, FL 32583			CITY-ST-ZIP	Milton, FL 32570
TITLE	TD	Delete <input type="checkbox"/>		TITLE	TD
NAME	CLARK, AILEEN			NAME	Clark, Aileen
STREET ADDRESS	5025 POINTA PARKWAY			STREET ADDRESS	5025 Ponitz Parkway
CITY-ST-ZIP	PACE, FL 325719529			CITY-ST-ZIP	Pace, FL 32571
TITLE		Delete <input type="checkbox"/>		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 817, 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: G. Jean Rognstad				(850) 626-1422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	