

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:12

DOCUMENT # 716760 (4)

1. Corporation Name

THE FEDERATED GARDEN CIRCLES OF FORT LAUDERDALE, INC.

Principal Place of Business Mailing Address
INC. HUGH TAYLOR BIRCH ST. PARK, 3109 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1969 3a. Date of Last Report 01/24/1994
4. FEI Number 59-0816875 Applied For Not Applicable
5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P.O. Box 4114
22 City & State 27 FORT LAUDERDALE FL
23 Zip 28 33338-4114
24 Country 29 Country 30

9. Name and Address of Current Registered Agent
JONES, PAUL M
160 CYPRESS CREEK DR. APT 612
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent
81 Name STARR L. FISHER
82 Street Address (P.O. Box Number is Not Acceptable) 11351 NW 25th Street
83 Plantation FL 33323-1834
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Starr L. Fisher (STARR L. FISHER) DATE 4/27/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JONES, PAUL M
STREET ADDRESS	160 CYPRESS CREEK DRIVE, APT 612
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	VPD
NAME	SCHALK, KAREN M
STREET ADDRESS	2531 N.E. 31 CT.
CITY - ST - ZIP	LIGHTHOUSE POINT FL
TITLE	TD
NAME	PEARL, SUSAN W
STREET ADDRESS	1815 S.W. 15 TERR.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	PEGGS, NANCY M
STREET ADDRESS	716 SOLAR ISLE DR.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	WILKINS, CHARLES M
STREET ADDRESS	2212 N.E. 32 AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SULLIVAN, EDWARD M
STREET ADDRESS	2837 N.E. 27TH ST.
CITY - ST - ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STARR L. FISHER
13 STREET ADDRESS	11351 NW 25th STREET
14 CITY - ST - ZIP	Plantation FL 33323-1834
21 TITLE	VD VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Joanne Nickells
23 STREET ADDRESS	3700 NE 29th Avenue
24 CITY - ST - ZIP	Lighthouse Point, FL 33064-8416
31 TITLE	SP Sec. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Dorothy Baldau
33 STREET ADDRESS	1410 Middle River Drive
34 CITY - ST - ZIP	Fort Lauderdale FL 33304-1526
41 TITLE	SD CORR SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Audrey E. Cushman
43 STREET ADDRESS	1434 S. Ocean Blvd. 3 Palm Club
44 CITY - ST - ZIP	Pompano Beach, FL 33062-7343
51 TITLE	TD TEEGS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Judith Warr
53 STREET ADDRESS	823 NW 98th Avenue
54 CITY - ST - ZIP	Plantation, FL 33324-6128
61 TITLE	D DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	LAURA P. JONES
63 STREET ADDRESS	160 CYPRESS CREEK DR. APT 612
64 CITY - ST - ZIP	POMPANO BEACH, FL 33060-4749

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Starr L. Fisher (STARR L. FISHER) DATE 4/27/95
(Signature and typed or printed name of signing officer or director)