

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716760 (4)

1. Corporation Name

THE FEDERATED GARDEN CIRCLES OF FORT LAUDERDALE, INC.



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

3. Date Incorporated or Qualified: 06/17/1969
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0816875
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26 P.O. Box 4114
Suite, Apt. #, etc.: 22
27
City & State: 23 FT LAUDERDALE, FL
28
Zip: 24 33338
Country: 25
29
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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	JONES, PAUL M	
STREET ADDRESS	160 CYPRESS CREEK DRIVE, APT 612	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	SCHALK, KAREN M	
STREET ADDRESS	2531 N.E. 31 CT.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	TD	<input type="checkbox"/>
NAME	PEARL, SUSAN W	
STREET ADDRESS	1615 S.W. 15 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	PEGGS, NANCY M	
STREET ADDRESS	716 SOLAR ISLE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/>
NAME	WILKINS, CHARLES M	
STREET ADDRESS	2212 N.E. 32 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/>
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		Change	Addition
1.1 TITLE	PD PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	FISHER, STARR L.		
1.3 STREET ADDRESS	11351 NW 25 ST		
1.4 CITY-ST-ZIP	PLANTATION, FL 33323		
2.1 TITLE	VPD VPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	DE PALMA, M.E.		
2.3 STREET ADDRESS	2117 NE 17 TER		
2.4 CITY-ST-ZIP	WILTON, MANORS 33305		
3.1 TITLE	D D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TD TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	ZEMAN, MELINDA		
4.3 STREET ADDRESS	7300 SW 18 ST		
4.4 CITY-ST-ZIP	PLANTATION, FL 33317		
5.1 TITLE	D D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	SD SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	LONG, CYNTHIA		
6.3 STREET ADDRESS	6203 BAY CLUB DR #3		
6.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308		

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 119.07(3)(k), 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 617, 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 4/29/96 (954) 476-7641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)