

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: P O BOX 4114, FORT LAUDERDALE FL 33338-4114, US

3. Date Incorporated or Qualified: 06/17/1969
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21), Suite, Apt. #, etc. (22), City & State (23), Zip (24), Country (25)
2a. Mailing Address (26), Suite, Apt. #, etc. (27), City & State (28), Zip (29), Country (30)

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

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
FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	FSIHER, STARR L	1.2 NAME	FRY, JOIS
STREET ADDRESS	11351 NW 25 ST	1.3 STREET ADDRESS	1815 NE 17 WAY
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	FT LAUD FL 33305
TITLE	VPD	2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	DEPALMA, M. E	2.2 NAME	SCHOETTLE, JACQUELINE
STREET ADDRESS	2117 NE 17 TER	2.3 STREET ADDRESS	2609 S. E 20 ST
CITY-ST-ZIP	WILTON MANORS FL	2.4 CITY-ST-ZIP	FT LAUD FL 33316
TITLE	D	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	PEARL, SUSAN W	3.2 NAME	
STREET ADDRESS	1615 S.W. 15 TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	ZEMAN, MELINDA	4.2 NAME	HANDLEY, JAN
STREET ADDRESS	7300 SW 18 ST	4.3 STREET ADDRESS	4300 N.E. 25 th AVE.
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	FT. LAUD. FL 33308
TITLE	D	5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	WILKINS, CHARLES M	5.2 NAME	WILKINS, CHARLES
STREET ADDRESS	2212 N.E. 32 AVE.	5.3 STREET ADDRESS	2212 NE 32 AVE
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT LAUD FL 33305
TITLE	SD	6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	LONG, CYNTHIA	6.2 NAME	LONG, CYNTHIA
STREET ADDRESS	6203 BAY CLUB DR #3	6.3 STREET ADDRESS	6202 BAY CLUB DR
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	FT LAUD FL 33308

14. I do 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 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] R. Handley, JAN R. HANDLEY 8/21/97 954-566-1155

CR2E037 (9/96)