


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90009 022 ****61.25

DOCUMENT # 731865 1. Entity Name THE GARDEN CLUB OF THE HALIFAX COUNTRY, INC.					
Principal Place of Business 353 OAK DR ORMONDBEACH FL 32176 US			Mailing Address 353 OAK DR ORMONDBEACH FL 32176 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FBI Number 51-0203846	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITE, BEEBE S 353 OAK DR ORMOND BEACH, FL 32176				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				City FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPCHURCH, KAREN		NAME	Yuschok, Constance	
STREET ADDRESS	333 OCEAN SHORE BLVD		STREET ADDRESS	162 Laurelwood Lane	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUSCHOK, CONSTANCE		NAME	Hermansen, Liz	
STREET ADDRESS	162 LAURELWOOD LANE		STREET ADDRESS	4 Broadriver Rd.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYFIELD, STEPHANIE		NAME	Rossmeyer, Sandy	
STREET ADDRESS	669 JOHN ANDERSON DR		STREET ADDRESS	421 Ocean Shore Blvd.	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	CS	<input checked="" type="checkbox"/> Delete	TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEBEL, CINDY		NAME	Mayfield, Stephanie	
STREET ADDRESS	864 JOHN ANDERSON DR		STREET ADDRESS	669 John Anderson Dr.	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	RS	<input checked="" type="checkbox"/> Delete	TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMANSEN, LIZ		NAME	Davis, Deanie	
STREET ADDRESS	4 BROADRIVER RD		STREET ADDRESS	1350 S. Peninsula Dr.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, BEEBE S		NAME	White, Beebe S.	
STREET ADDRESS	353 OAK DR		STREET ADDRESS	353 Oak Dr.	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Ormond Beach, FL 32176	
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 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: <i>Beebe S White</i>			2-7-06 386-677-5097		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					