

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90048 044 ****61.25

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03182007 Chg-NP CR2E037 (12/06)

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| DOCUMENT # 731865 1. Entity Name THE GARDEN CLUB OF THE HALIFAX COUNTRY, INC. | | | | | |
| Principal Place of Business 353 OAK DR ORMOND BEACH, FL 32176 US | | | Mailing Address 353 OAK DR ORMOND BEACH, FL 32176 US | | |
| 2. Principal Place of Business - No P.O. Box # 2020 S. Peninsula Dr. Suite, Apt. #, etc. | | 3. Mailing Address Same Suite, Apt. #, etc. | | | |
| City & State Daytona Beach, FL Zip 32118 | | City & State Same Zip Same | | 4. FEI Number 51-0203846 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WHITE, BEEBE S 353 OAK DR ORMOND BEACH, FL 32176 | | | 7. Name and Address of New Registered Agent Name Eubank, Marjorie O. Street Address (P.O. Box Number is Not Acceptable) 2020 S. Peninsula Dr. City Daytona Beach FL Zip Code 32118 | | |
| 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 <u><i>Marjorie O. Eubank</i></u> 3/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 NAME YUSCHOK, CONSTANCE STREET ADDRESS 162 LAURELWOOD LN CITY-ST-ZIP ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Delete | | TITLE T/D NAME Eubank, Marjorie O. STREET ADDRESS 2020 S. Peninsula Dr. CITY-ST-ZIP Daytona Beach, FL 32118 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VP NAME HERMANSEN, LIZ STREET ADDRESS 4 BROADRIVER RD CITY-ST-ZIP ORMOND BEACH, FL 32174 | <input checked="" type="checkbox"/> Delete | | TITLE CS/D NAME Snell, Jori STREET ADDRESS 427 Triton Rd. CITY-ST-ZIP Ormond Beach, FL 32176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VP NAME ROSSMEYER, SANDY STREET ADDRESS 421 OCEAN SHORE BLVD CITY-ST-ZIP ORMOND BEACH, FL 32176 | <input type="checkbox"/> Delete | | TITLE VP/D NAME VP/D STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE CS NAME MAYFIELD, STEPHANIE STREET ADDRESS 669 JOHN ANDERSON DR CITY-ST-ZIP ORMOND BEACH, FL 32176 | <input type="checkbox"/> Delete | | TITLE VP/D NAME VP/D STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE RS NAME DAVIS, DEANIE STREET ADDRESS 1350 S PENINSULA DR CITY-ST-ZIP DAYTONA BEACH, FL 32118 | <input checked="" type="checkbox"/> Delete | | TITLE RS/D NAME Hager, Joan H. STREET ADDRESS 2758 S. Peninsula Dr. CITY-ST-ZIP Daytona Beach, FL 32118 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE T NAME WHITE, BEEBE S STREET ADDRESS 353 OAK DR CITY-ST-ZIP ORMOND BEACH, FL 32176 | <input type="checkbox"/> Delete | | TITLE P/D NAME P/D STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Beebe S. White</u> <u>Beebe S. White</u> 3-20-07 386-677-5097 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |