


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 731865</b> 1. Entity Name <b>THE GARDEN CLUB OF THE HALIFAX COUNTRY, INC.</b>	
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Principal Place of Business <b>2020 S. PENINSULA DR. DAYTONA BEACH, FL 32118 US</b>	Mailing Address <b>2020 S. PENINSULA DR. DAYTONA BEACH, FL 32118 US</b>
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**DO NOT WRITE IN THIS SPACE**

01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>51-0203846</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>EUBANK, MARJORIE O 2020 S. PENINSULA DR. DAYTONA BEACH, FL 32118</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EUBANK, MARJORIE O 2020 S. PENINSULA DR. DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD SNELL, JORI 427 TRITON RD ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSSMEYER, SANDY 421 OCEAN SHORE BLVD ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAYFIELD, STEPHANIE 669 JOHN ANDERSON DR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD HAGER, JOAN H 2758 S. PENINSULA DR. DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, BEEBE S 353 OAK DR ORMOND BEACH, FL 32176

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02/21/08-80062-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *Marjorie O. Eubank* **2/10/08 386.257.5828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

*Marjorie O. Eubank*