

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733611

FILED
Feb 19, 2009
Secretary of State

Entity Name: PENSACOLA FEDERATION OF GARDEN CLUBS, INC.

Current Principal Place of Business:

1850 N 9TH AVE
BOX 2207
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

1850 N 9TH AVE
BOX 2207
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-6153252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLT, VAN
1814 E GADSDEN STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLT, VAN
Address: 1814 E GADSDEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: V () Delete
Name: SEELYE, DEE
Address: 2480 BONANZA DR
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: KEY, LAURA
Address: 3480 SUMMIT BLVD
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: SMITH, MELINDA
Address: 8561 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

Title: AT () Delete
Name: SCHACK, SHARON
Address: 2548 ROSEDOWN DR
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: MCDONALD, ETTA
Address: 308 FERN POINTE LANE
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ETTA MCDONALD

T

02/19/2009

Electronic Signature of Signing Officer or Director

Date