

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 PM 3:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 738737 (6)
1. Corporation Name
GULF AREA GARDEN CLUB OF FORT WALTON BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**356 SUDDUTH CIRCLE
FORT WALTON BCH FL 32548**

Mailing Address
**356 SUDDUTH CIRCLE
FORT WALTON BCH FL 32548**

3. Date Incorporated or Qualified
04/19/1977

3a. Date of Last Report
04/26/1994

4. FEI Number
59-6570430

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**

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**PENNEY, MRS. MILDRED N.
356 SUDDUTH CIRCLE
FT WALTON BCH FL 32548**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BAXTER, JOHNNIE L. MRS.
708 LOIS CT.
FT. WALTON BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
URQUHART, H.T. JR. MRS.
31 RIDGELAKE DR.
MARY ESTHER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
RUE, MRS. JANUS
603 EMERALD LN
FT WALTON BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
THURMAN, MRS. MARIAN
341 DAWN LANE
FT WALTON BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BUTLER, MRS S CURTIS
223 SOTIR ST NW
FT WALTON BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
**VP
URQUHART, H.T., JR MRS.
31 RIDGELAKE DR.
MARY ESTHER FL**
☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
**VP
THURMAN, MRS. MARIAN
61 LESLIE COURT
MARY ESTHER FL**
☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
**VP
GLASS, MRS. R.J.
9 WILLWALL ST., N.E
FORT WALTON BCH., FL**
☐ Change ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
**S
WILL, MRS. KENNETH J.
45 BAY DR. S.E.
FORT WALTON BCH., FL**
☐ Change ☒ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
**T
GLOVER, MRS. WALTER P.
318 E. BROOKS ST.
FORT WALTON BCH, FL**
☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Mrs. Johnnie L. Baxter, Pres 4-19-95 904-862-1667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MRS. JOHNNIE L. BAXTER