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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 738737					
1. Corporation Name GULF AREA GARDEN CLUB OF FORT WALTON BEACH, INC.					
Principal Place of Business BROOKS-BEAL CENTER 100 NW BEAL PKWY FORT WALTON BCH FL 32547 US			Mailing Address HILDA I. MCGEE 333 SUDDUTH CR NE FORT WALTON BCH FL 32548 US		
BROOKS-BEAL CENTER			HILDA I. MCGEE		
2. Principal Place of Business 21 OK		2a. Mailing Address 26 OK		3. Date Incorporated or Qualified 04/19/1977	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-6570430 Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		Zip 29	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MCGEE, HILDA I 333 SUDDUTH CIRCLE NE FORT WALTON BCH FL 32548			10. Name and Address of New Registered Agent 81 Name SAME AS #9 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Hilda I. McGee</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>April 2, 1999</i>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE TT <input checked="" type="checkbox"/> DELETE NAME GLOVER, WALTER MRS. STREET ADDRESS 318 E BROOKS ST. CITY-ST-ZIP FT WALTON BCH FL 32548			1.1 TITLE TT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME HAAS, RAE 1.3 STREET ADDRESS 300 MCEWEN 1.4 CITY-ST-ZIP NICEVILLE, FL 32578		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME URQUHART, TED M (ELAINE STREET ADDRESS 31 RIDGELAKE DR CITY-ST-ZIP MARY ESTHER FL 32569			2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME HARRISON, BETTY 2.3 STREET ADDRESS 4 PEMBROKE PLACE 2.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32547		
TITLE VPT <input checked="" type="checkbox"/> DELETE NAME PFEIFFER, JOSEPH M (NELLY) STREET ADDRESS 217 BEACHVIEW DR CITY-ST-ZIP FORT WALTON BEACH FL 32548			3.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME PEACH, LUCILE 3.3 STREET ADDRESS 44 BAY DRIVE, SE 3.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32548		
TITLE VPD <input checked="" type="checkbox"/> DELETE NAME JONES, ROBERT MRS STREET ADDRESS 650 BRIAN CIR. CITY-ST-ZIP MARY ESTHER FL 32569			4.1 TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME PETTY, JANE 4.3 STREET ADDRESS 620 NE Kensington Court 4.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32547		
TITLE ST <input checked="" type="checkbox"/> DELETE NAME BUMGARDNER, FORENCE M STREET ADDRESS 101 OLD FERRY RD #288 CITY-ST-ZIP SHALIMAR FL 32579			5.1 TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME THURMAN, MARION 5.3 STREET ADDRESS 1508 WEST MARIAH WAY 5.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32547		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME WELDY, HENRY MRS. STREET ADDRESS 28 JAMES ST. CITY-ST-ZIP SHALIMAR FL 32579			6.1 TITLE CST <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME KELLY, ELSIE 6.3 STREET ADDRESS 471 US HWY 98, PO BOX 188 6.4 CITY-ST-ZIP MARY ESTHER, FL 32569		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)