

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90225 025 ****61.25

DOCUMENT # 738737

1. Entity Name

GULF AREA GARDEN CLUB OF FORT WALTON BEACH, INC.

Principal Place of Business

Mailing Address

**BROOKS-BEAL CENTER
 100 NW BEAL PKWY
 FORT WALTON BEACH FL 32548
 US**

**HILDA I. MCGEE
 333 SUDDUTH CR NE
 FORT WALTON BCH FL 32548
 US**

2. Principal Place of Business

Same as # 1

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6570430

Applied For

Not Applicable

Zip

Country

Okaloosa

Zip

Country

Okaloosa

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGEE, HILDA I
 333 SUDDUTH CIRCLE NE
 FORT WALTON BCH FL 32548**

Name

Same as # 6

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Hilda I. McGee

Same as above

4-26-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TT** ☐ Delete
 NAME **GLOVER, MRS WALTER**
 STREET ADDRESS **318 BROOKS ST.**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **TT Same as # 10** ☐ Change ☐ Addition

TITLE **PD** ☒ Delete
 NAME **KELLY, ELSIE**
 STREET ADDRESS **PO BOX 188, US HWY 98**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Kenastin, Nancy**
 STREET ADDRESS **24 Neptune Drive**
 CITY-ST-ZIP **Mary Esther, FL 32569**

TITLE **VP** ☐ Delete
 NAME **PHILLIPS, THELMA**
 STREET ADDRESS **9 BAYVIEW DR**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **VP** ☐ Change ☐ Addition
 NAME **Phillips, Thelma**
 STREET ADDRESS **9 Bayview DR.**
 CITY-ST-ZIP **Shalimar, FL 32579**

TITLE **VP** ☐ Delete
 NAME **BUSH, BETTY**
 STREET ADDRESS **205 HUGHES ST**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **VP** ☐ Change ☐ Addition
 NAME **Bush, Betty**
 STREET ADDRESS **205 Hughes ST**
 CITY-ST-ZIP **Fort Walton Beach, FL 32548**

TITLE **ST** ☐ Delete
 NAME **THURMAN, MARION**
 STREET ADDRESS **1508 WEST MARIAH WAY**
 CITY-ST-ZIP **FORT WALTON BCH FL 32547**

TITLE **ST** ☐ Change ☐ Addition
 NAME **Thurman, Marion**
 STREET ADDRESS **1508 Mariah Way**
 CITY-ST-ZIP **Fort Walton Beach, FL 32547**

TITLE **ST** ☒ Delete
 NAME **YEAGER, JO**
 STREET ADDRESS **267 EWING CT**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **ST** ☐ Change ☒ Addition
 NAME **Clemmons, Doris**
 STREET ADDRESS **38 Circle Drive**
 CITY-ST-ZIP **Fort Walton Beach, FL 32548**

12. 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 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:

Nancy Kenastin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/02 **880**
833-9319

CR2E037 (9/01)