2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2005 8:00 am Secretary of State

DOCUMENT # 738737 1. Entity Name GULF AREA GARDEN CLUB OF FORT WALTON BEACH, INC.							N.	05-23-200.	•			
Principal Place of Business Mailing Address BROOKS-BEAL CENTER HILDA I. MCGEE 100 NW BEAL PKWY 333 SUDDUTH CR FORT WALTON BEACH, FL 32548 US FORT WALTON BC					B US							
2. Principal Place of Business			3. Mailing Address MAZIE L. Glover									
Suite, Apt. #, etc.			Suite, Apt. #, etc. 318 Brocks St SE				05172005	Chg-NP	CR2E0	37 (10/03)		
City & State			FORT WATTON, FLORIDA				4. FEI Number 59-6570				pplied For Applicable	
Zip			32548-7233 OKA		untry 7lod5#	,	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent		Name /		7. Name and	Address of New	Registered	Agent		
MCGEE, H	IILDA I				$\perp \perp$		ie L.	(7100				
333 SUDD		CLE NE			Street A	Street Address (P.O. Box Number is Not Acceptable)						
FORT WA	LTON BC	H, FL 32548			- 3 ,	/ 8 - 1:	BROOKS.	<u> </u>	<u> </u>			
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					City —	RT	Wall	ON BEA	, FL	Zip Code	0 412	
8. The above	named entit	ly submits this statement for	the purpose of change	na its reaister			ed agent, or both	on the State of	Florida Lam	- <u>) ペンペ</u> familiar with	and accent	
the obligat	tions of regis	tered agent.	--					., 0 0		tarimar war,	and docopt	
SIGNATURE Marie L. Dlorues: Treasurer Signature, typeoply printed name of registered against and title if applicable. (NOTE: Registered Agent signature requi								May	/ /7, 2	2005		
	Signature, types	or printed name of registered agent a	ind title if applicable.	(NOTE: Registere	ed Agent signat	ure required	when reinstating)	0	DATE			
		<u></u>				ure required	when reinstating)					
Di	Filing Fe	//or printed name of registered agent a per is \$61.25 ptember 7, 2005	9. Election	(NOTE: Registere n Campaign F und Contribut	Financing		\$5.00 May Be Added to Fees	,	Make chec	k payable to		
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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: MAZIE L. Clouer, Mazie L. Glover, Mazie L. Glover May 17, 2005, 850-244-5497

BIGHATURE AND TYPED OR PROVIDED NAME OF SIGNANG OFFICER OR DIRECTION

Degram Priorie 2