

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-23-2005 90003 019 ****61.25

DOCUMENT # 738737 1. Entity Name GULF AREA GARDEN CLUB OF FORT WALTON BEACH, INC.			
Principal Place of Business BROOKS-BEAL CENTER 100 NW BEAL PKWY FORT WALTON BEACH, FL 32548 US		Mailing Address HILDA I. MCGEE 333 SUDDUTH CR NE FORT WALTON BCH, FL 32548 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address MAZIE L. GLOVER Suite, Apt. #, etc. 318 BROOKS ST SE City & State FORT WALTON, FLORIDA Zip Country 32548-7233 OKA1005A	
		05172005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-6570430		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGEE, HILDA I 333 SUDDUTH CIRCLE NE FORT WALTON BCH, FL 32548		7. Name and Address of New Registered Agent Name MAZIE L. GLOVER Street Address (P.O. Box Number is Not Acceptable) 318 BROOKS ST SE City FORT WALTON BEACH FL Zip Code 32548-7233	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Mazie L. Glover, Treasurer</u> <u>May 17, 2005</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT GLOVER, MRS WALTER 318 BROOKS ST. FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT-D GLOVER, MAZIE L. 318 BROOKS ST SE FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSH, BETTY 205 NE FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSH, BETTY 205 NE HUGHES ST FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BOYLES, VAL 336 WOODLAND AVE MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP-D DUFFY, PATRICK 104 Hummingbird FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HARRISON, BETTY 4 PEMBROKE FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP JONES, MYRT 650 BRIAN CIRCLE MARY ESTHER, FL 32569 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP ROSS, HELEN 1 BAY DR. NE FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS THURMAN, MARIAN 1508 W. MARIAN WAY FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS KELLY, ELSIE PO BOX 188 MARY ESTHER, FL 325690188 <input checked="" type="checkbox"/> Delete		
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: <u>MAZIE L. GLOVER, Mazie L. Glover</u> <u>May 17, 2005, 850-244-5497</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			