

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90196 046 ****61.25

0009375

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

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

100 NW Beal PKY

Suite, Apt. #, etc.

333 SUDDUTH CR NE

City & State

FORT WALTON BCH FL

City & State

FORT WALTON BCH FL

Zip

32548

Country

US

Zip

32548

Country

US

4. FEI Number **59-6570430**

Applied For

Not Applicable

5. Certificate of Status Desired

\$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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Hilda I. McGee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-20-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	TT	<input type="checkbox"/> Delete
NAME	GLOVER, MRS WALTER	
STREET ADDRESS	318 BROOKS ST.	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KENASTIN, NANCY	
STREET ADDRESS	24 NEPTUNE DRIVE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PHILLIPS, THELMA	
STREET ADDRESS	9 BAYVIEW DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUSH, BETTY	
STREET ADDRESS	205 HUGHES ST	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	ST	<input type="checkbox"/> Delete
NAME	THURMAN, MARION	
STREET ADDRESS	1508 WEST MARIAH WAY	
CITY-ST-ZIP	FORT WALTON BCH FL 32547	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CLEMMONS, DORIS	
STREET ADDRESS	38 CIRCLE DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Same</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Same</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	<i>Same</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Same</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Same</i>	
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

5-20-03 850-243-6779

CR2E037 (10/02)