

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747127

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE GARDEN CLUB OF PALM BEACH, INC.

Current Principal Place of Business:

2 FOUR ARTS PLAZA
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2791
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-0702820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, BETSY
417 CHILEAN AVENUE
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 3VP () Delete
Name: STEWART, SHARON N
Address: 225 EL PUEBLO WAY
City-St-Zip: PALM BEACH, FL 33480

Title: 2VP () Delete
Name: THEBAUT, ELIZABETH
Address: 12980 NORTH SHORE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D1VP () Delete
Name: HOYT, CYNTHIA
Address: 133 BANYAN ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: 4VP () Delete
Name: FLANAGAN, CAROL
Address: 369 SOUTH LAKE DRIVE
City-St-Zip: PALM BEACH, FL 33480

Title: PD () Delete
Name: BETSY, MATTHEWS
Address: 417 CHILEAN AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: TD () Delete
Name: GRAEBNER, PATRICIA
Address: 14 GOLFVIEW ROAD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 4VP (X) Change () Addition
Name: HENRY, HEATHER
Address: 630 CREST ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA GRAEBNER

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date