FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 24 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752294** **(9)**

1. Corporation Name

YAUPON GARDEN CLUB, INC.

Principal Place of Business	Mailing Address
320 RT 98 CARABELLE FL 32322	P.O. BOX 727 LANARK VILLAGE FL 32323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1980
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0095045 — ☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 320 RT 98	26 P.O Box 727
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Carrabelle, Fl	28 City & State: Lanark Village, Fl
24 Zip: 32322 — 25 Country: Franklin	29 Zip: 32323 — 30 Country: Franklin

9. Name and Address of Current Registered Agent

GARRISS, ANN
37-4 PINE ST
LANARK VILLAGE FL 32323

10. Name and Address of New Registered Agent

81 Name: Ann Garriss
82 Street Address (P.O. Box Number is Not Acceptable): 37-4 Pine St.
83: P O Box 421
84 City: Lanark Village — FL — 85 Zip Code: 32323

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ann GARRISS — Ann Garriss — 1-13-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President Vice Pres ☒ Change ☐ Addition
NAME	MCSWEENEY, MARY	12 NAME	Mary McSweeney
STREET ADDRESS	P.O. BOX 1255 N/A	13 STREET ADDRESS	PO Box 1255 N/A 32-5 Hibiscus Court
CITY-ST-ZIP	LANARK VILLAGE FL	14 CITY-ST-ZIP	Lanark Village, Fl 32323
TITLE	VD	21 TITLE	Vice-President Director ☒ Change ☐ Addition
NAME	AMAN, MARY	22 NAME	Helen Schmidt
STREET ADDRESS	P.O. BOX 1432 NA	23 STREET ADDRESS	PO Box 571 N/A 210 6th St. W
CITY-ST-ZIP	LANAR VILLAGE FL	24 CITY-ST-ZIP	Carrabelle, Fl 32322
TITLE	SD	31 TITLE	Secretary ☒ Change ☐ Addition
NAME	BERGEN, EVELYN	32 NAME	Victor Imberwiez
STREET ADDRESS	P.O. BOX 1227 NA	33 STREET ADDRESS	P.O Box 1419 (1413) N/A 3 Redwood Court
CITY-ST-ZIP	LANARK VILLAGE FL	34 CITY-ST-ZIP	Lanark Village, Fl 32323
TITLE	T	41 TITLE	Treasurer Director ☐ Change ☐ Addition
NAME	JONES, DOROTHY L.	42 NAME	Dorothy Jones N/A
STREET ADDRESS	P.O. BOX 727 NA	43 STREET ADDRESS	PO Box 727 3 Pine Street
CITY-ST-ZIP	LANARK VILLAGE FL	44 CITY-ST-ZIP	Lanark Village, Fl, 32323
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	300001417659
STREET ADDRESS		53 STREET ADDRESS	-02/28/95--01106--011
CITY-ST-ZIP		54 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary McSweeney — Mary McSweeney — 1-13-95 — 904-697-3604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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