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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752294

1. Corporation Name

YAUPON GARDEN CLUB, INC.

Principal Place of Business

**302 AVENUE FN
CARRABELLE FL 32322
US**

Mailing Address

**P. O. BOX 727
LANARK VILLAGE FL 32323
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

05/02/1980

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

9. Name and Address of Current Registered Agent

**GARRISS, ANN
37-4 PINE STREET
LANARK VILLAGE FL 32323**

PO Box 421

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 PO Box 421

83

84 City **LANARK VILLAGE FL**

85 Zip Code **32323**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Ann Garriss*

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

(NOTE: Registered Agent signature required when reinstating)

1-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PT WELSH, JAMES**
STREET ADDRESS **1413 REDWOOD CT, PO BOX 1413**
CITY-ST-ZIP **LANARK VILLAGE FL**

TITLE ☐ DELETE
NAME **VPT MCSWEENEY, MARY**
STREET ADDRESS **32-5 HIBISCUS COURT BOX 459**
CITY-ST-ZIP **LANARK VILLAGE FL 32323**

TITLE ☐ DELETE
NAME **ST SCHMIDT, HELEN**
STREET ADDRESS **310 6TH ST PO BOX 571**
CITY-ST-ZIP **CARRABELLE FL**

TITLE ☐ DELETE
NAME **T JONES, DOROTHY L.**
STREET ADDRESS **3 PINE ST. PO BOX 727**
CITY-ST-ZIP **LANARK VILLAGE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PT LAVERNE CLAWSON**
1.3 STREET ADDRESS **2211 LOUISIANA ST PO Box 1425**
1.4 CITY-ST-ZIP **LANARK VILLAGE, FL 32323**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VPT**
2.3 STREET ADDRESS **ANN GARRISS**
2.4 CITY-ST-ZIP **37-4 PINE ST PO Box 421 LANARK VILLAGE, FL 32323**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **same**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **same**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE *Ann Garriss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 850 697-2138
Date Daytime Phone #

CR2E037 (11/98)