


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 752294 1. Entity Name YAUPON GARDEN CLUB, INC.	
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07252005 No Chg-NP CR2E037 (10/03)

Principal Place of Business 302 AVENUE FN CARRABELLE, FL 32322 US	Mailing Address P.O. BOX 1372 LANARK VILLAGE, FL 32323-1372 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0095045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DORRIER, JANET M 33-4 PARKER AVE P.O. BOX 458 LANARK VILLAGE, FL 32323

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000374640
07/27/05-80001-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DORRIER, JANET 33-4 PARKER AVE PO BOX 458 LANARK VILLAGE, FL 32323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CLARK, DOROTHY 7-6 PARKER AVE P.O. BOX 1352 LANARK VILLAGE, FL 32323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, BETTY 3-2 PARKER AVE P.O. BOX 1288 LANARK VILLAGE, FL 32323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANDLER, JOELLEN 55-6 PARKER AVE P.O. BOX 1372 LANARK VILLAGE, FL 32323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joellen Chandler* **JOELLEN CHANDLER**

7-26-05

850-699-8544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *