


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # 752294
1. Entity Name
YAUPON GARDEN CLUB, INC.



Principal Place of Business Mailing Address
**302 AVENUE FN
CARRABELLE, FL 32322 US** **P.O. BOX 1372
LANARK VILLAGE, FL 32323-1372 US**



04222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0095045 Not Applicable

5. Certificate of Status Desired **\$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: *Joellen Chandler* **JOELLEN CHANDLER** **4-26-06**
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 May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

U00000534457
05/08/06-80012-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** **750-691-8544**
Signature and typed or printed name of signing officer or director Date Daytime Phone #