

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90155 010 \*\*\*\*61.25

**DOCUMENT # N02000002675**

1. Entity Name

PORT ST. JOE GARDEN CLUB, INC.



Principal Place of Business

216 8TH STREET  
GARDEN CENTER  
PORT ST JOE FL 32456

Mailing Address

P.O. BOX 243  
PORT SAINT JOE FL 32457

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

01-0715373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RISH, WILLIAM J  
206 E FOURTH ST  
PORT ST JOE FL 32456

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renewing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE FVP ☐ Delete  
NAME MMCLAMMA, JEAN  
STREET ADDRESS 301 16TH ST  
CITY-ST-ZIP PORT SAINT JOE FL 32456

TITLE D ☐ Delete  
NAME BLACKMAN, FLORA  
STREET ADDRESS RT 1 BOX 752  
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE S ☒ Delete  
NAME EARLEY, CHARMAINE  
STREET ADDRESS 2291 HIGHWAY C30  
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE T ☐ Delete  
NAME FORTNER, JEAN  
STREET ADDRESS 807 MARVIN  
CITY-ST-ZIP PORT SAINT JOE FL 32456

TITLE D ☐ Delete  
NAME DANIEL, ERA  
STREET ADDRESS 528 4 ST  
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE D ☐ Delete  
NAME RAMSEY, FRENCHIE  
STREET ADDRESS 111 ALLEN MEMORIAL WAY  
CITY-ST-ZIP PORT SAINT JOE FL 32456

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition  
NAME PAULINE PENDARVIS  
STREET ADDRESS 302 6th street  
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE SECRETARY ☐ Change ☒ Addition  
NAME BUNNY MILLER  
STREET ADDRESS 510 7th STREET  
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE Second Vice President ☒ Change ☐ Addition  
NAME CHARMAINE EARLEY  
STREET ADDRESS 2291 Highway C30  
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Pauline Pendarvis*

4-26-06 850-229-8261