

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90214 035 ****61.25

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1. Entity Name

PORT ST. JOE GARDEN CLUB, INC.



Principal Place of Business

Mailing Address

216 8TH STREET
GARDEN CENTER
PORT ST JOE FL 32456

P.O. BOX 243
PORT SAINT JOE FL 32457

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 P ☐ Delete
NAME PENDARVIS, PAILUNE
STREET ADDRESS 302 6TH STREET
CITY-ST-ZIP FORT 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 FVP ☐ Change ☒ Addition
NAME BARBARA WOOD
STREET ADDRESS 5681 HWY 71
CITY-ST-ZIP PORT ST JOE, FL 32456

TITLE SVP ☐ Change ☒ Addition
NAME CHARMAINE EARLEY
STREET ADDRESS 2291 HWY 30 C
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE SEC ☐ Change ☒ Addition
NAME BUNNY MILLER
STREET ADDRESS 510 7th STREET
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07 (450) 229-8261