2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90033 045 ****61.25

DOCUMENT # N02000002675

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

1st MOORE CR2E037 (10/07)

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

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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVP WOOD, BARBARA 5681 HWY 71 PORT SAINT JOE FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKMAN, FLORA RT 1 BOX 752 WEWAHITCHKA FL 32465	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FV President Mary Harrison 137 Bellamy Circle Port St. Joe, FL 32456	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PENDARVIS, PAILUNE 302 6TH STREET FORT ST.JOE FL 32456	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Barbara Conway 273 Conway Drive Port St. Joe, FL 32456	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FORTNER, JEAN 807 MARVIN PORT SAINT JOE FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director MARY HARRISON 137 Bellamy Circle Port St. Joe, FL 32456	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL, ERA 528 4 ST PORT ST JOE FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMSEY, FRENCHIE 111 ALLEN MEMORIAL WAY PORT SAINT JOE FL 32456	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Betty Lewis 3-31-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date