

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002675

FILED
Apr 27, 2009
Secretary of State

Entity Name: PORT ST. JOE GARDEN CLUB, INC.

Current Principal Place of Business:

216 8TH STREET
GARDEN CENTER
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 243
PORT SAINT JOE, FL 32457

New Mailing Address:

FEI Number: 01-0715373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GIBSON, THOMAS S
116 SAILOR'S COVE DRIVE
PORT ST JOE, FL 32456 US

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.

SIGNATURE: THOMAS S. GIBSON

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FVP () Delete
Name: WOOD, BARBARA
Address: 5681 HWY 71
City-St-Zip: PORT SAINT JOE, FL 32456

Title: P () Delete
Name: HARRISON, MARY
Address: 137 BELLAMY CIRCLE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: SEC () Delete
Name: CONWAY, BARBARA
Address: 273 CONWAY DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: T () Delete
Name: FORTNER, JEAN
Address: 807 MARVIN
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: DANIEL, ERA
Address: 528 4 ST
City-St-Zip: PORT ST JOE, FL 32456

Title: D () Delete
Name: RAMSEY, FRENCHIE
Address: 111 ALLEN MEMORIAL WAY
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: HARRISON, MARY
Address: 137 BELLAMY CIRCLE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: FVP (X) Change () Addition
Name: RAMSEY, FRENCHIE
Address: 111 MEMORIAL WAY
City-St-Zip: PORT SAINT JOE, FL 32456

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HARRISON

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date