2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# N02000002675

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY HARRISON PD 04/26/2011

Electronic Signature of Signing Officer or Director — Date