

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

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90005 017 \*\*\*\*61.25

**DOCUMENT # N02000004301**

1. Entity Name:

THE CAPITAL CITY GARDEN CLUB, INC.



Principal Place of Business

626 TRAM RD  
TALLAHASSEE FL 32301

Mailing Address

PO BOX 5061  
TALLAHASSEE FL 32314



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-6744885

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

SMITH, GLORIA  
3518 LARKWAY STREET  
TALLAHASSEE FL 32310

Name *Hattie R. Dennis*

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

*2503 Lindsey CT*

City *Tallahassee*

FL

Zip Code *32310*

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

*Hattie R. Dennis*

*8/28/06*

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 September 6, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GLORIA	
STREET ADDRESS	3518 LARKWAY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DENNIS, HATTIE R	
STREET ADDRESS	2503 LINDSEY COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HERRING, CARRIE	
STREET ADDRESS	3603 HOOD COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROLLINS, BARBARA	
STREET ADDRESS	730 ROLLINS STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMS, CARRIE	
STREET ADDRESS	1112 JOE LOUIS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAUGABROOK, IVRADELL	
STREET ADDRESS	3567 GARDENVUE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis, Hattie R.	
STREET ADDRESS	2503 Lindsey CT.	
CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Gloria	
STREET ADDRESS	3518 Larkway Dr.	
CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry, Mary	
STREET ADDRESS	6060 Sams Ln	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spencer, Marie	
STREET ADDRESS	511 Dupont Dr.	
CITY-ST-ZIP	Tallahassee, FL 32305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: *Hattie R. Dennis* *Hattie R. Dennis* *8/28/06 (850) 576-9536*