

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

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000004301

1. Entity Name

THE CAPITAL CITY GARDEN CLUB, INC.



Principal Place of Business

Mailing Address

626 TRAM RD
TALLAHASSEE FL 32301

PO BOX 5061
TALLAHASSEE FL 32314



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

26-6744885

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DENNIS, HATTIE R
2503 LINDSEY CT
TALLAHASSEE FL 32310

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 is not required when reappointing)

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 PD ☐ Delete
NAME DENNIS, HATTIE R
STREET ADDRESS 2503 LINDSEY CT
CITY- ST- ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition
NAME U00000836962
STREET ADDRESS 03/04/08-80037-020 61.25
CITY- ST- ZIP

TITLE VD ☐ Delete
NAME SMITH, GLORIA
STREET ADDRESS 3518 LARKWAY DR
CITY- ST- ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V ☐ Delete
NAME HENRY, MARY
STREET ADDRESS 6060 SAMS LN
CITY- ST- ZIP TALLAHASSEE FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S ☐ Delete
NAME SPENCER, MARIE
STREET ADDRESS 511 DUPONT DR
CITY- ST- ZIP TALLAHASSEE FL 32305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S ☐ Delete
NAME SIMS, CARRIE
STREET ADDRESS 1112 JOE LOUIS ST
CITY- ST- ZIP TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☐ Delete
NAME HAUGABROOK, IVRADELL
STREET ADDRESS 3567 GARDENVIEW WAY
CITY- ST- ZIP TALLAHASSEE FL 32308

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: *Ivradell Haugabrook / Ivradell Haugabrook* 2/12/08 853 648-8930