2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N02000004301

Entity Name: THE CAPITAL CITY GARDEN CLUB, INC.

Current Principal Place of Business:

626 TRAM RD
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 5061
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 26-6744885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DENNIS, HATTIE R
2503 LINDSEY CT
TALLAHASSEE, FL 32310 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: PD ( ) Delete
Name: DENNIS, HATTIE R
Address: 2503 LINDSEY CT
City-St-Zip: TALLAHASSEE, FL 32310

Title: VD ( ) Delete
Name: SMITH, GLORIA
Address: 3518 LARKWAY DR
City-St-Zip: TALLAHASSEE, FL 32310

Title: V ( ) Delete
Name: HENRY, MARY
Address: 6060 SAMS LN
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete
Name: SPENCER, MARIE
Address: 511 DUPOMT DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: S ( ) Delete
Name: SIMS, CARRIE
Address: 1112 JOE LOUIS ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: TD ( ) Delete
Name: HAUGABROOK, IVRADELL
Address: 3567 GARDENVIEW WAY
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: IVRADELL HAUGABROOK TD 05/05/2009

Electronic Signature of Signing Officer or Director — Date