

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009440

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: BLOOM & GROW GARDEN SOCIETY, INC.

## Current Principal Place of Business:

800 S. DILLARD ST.  
WINTER GARDEN, FL 34787

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 97  
OAKLAND, FL 347600706

## New Mailing Address:

13526 LARSEN LANE  
WINTER GARDEN, FL 34787

FEI Number: 59-3748991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAKESLEE, DEREK  
800 S. DILLARD ST  
WINTER GARDEN, FL 34787 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: D ( ) Delete  
Name: GRIFFIN, BETTY ANN  
Address: P.O. BOX 865M 525 TUBB ST  
City-St-Zip: OAKLAND, FL 34740

Title: D ( ) Delete  
Name: KELYMAN, MARILYN  
Address: 17804 BONNIE VISTA CT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: DAVIS, ANDY  
Address: 392 N. BOYD ST  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: SINES, NANCY  
Address: 13526 LARSEN LANE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: STARCHER, KAREN  
Address: 278 TILDENVILLE SCHOOL RD  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: JENNIE, REAGAN  
Address: 1000 W. PLANT ST  
City-St-Zip: WINTER GARDEN, FL 34787

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SMITH, SARA  
Address: 415 NEWHEARTH CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change ( ) Addition  
Name: WINCEY, ANN  
Address: 4434 BEGONIA COURT  
City-St-Zip: WINDERMERE, FL 34786

Title: D (X) Change ( ) Addition  
Name: DOWLING, LINDA  
Address: 13604 LAKE CAWOOD DR.  
City-St-Zip: WINDERMERE, FL 34786

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

Title: D (X) Change ( ) Addition  
Name: DONOVAN, BOBBIE  
Address: 2265 CALVERT CT  
City-St-Zip: CLERMONT, FL 34711

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: NANCY SINES

TRES

04/25/2009

Electronic Signature of Signing Officer or Director

Date