

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90054 046 ****61.25

DOCUMENT # N03000007433

1. Entity Name
FRIENDS OF THE GARDENS OF NORTHWEST FLORIDA,
INC.



Principal Place of Business
5988 HWY 90 BLDG 4900
MILTON, FL 32583

Mailing Address
PO BOX 221
MILTON, FL 32583

50004955



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

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

BYROM, JENNIFER
5177 ELMIRA ST
MILTON, FL 32570

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 required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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 D ☐ Delete
NAME THETFORD, MACK
STREET ADDRESS 5329 CONEY ST
CITY-ST-ZIP MILTON, FL 32570

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

TITLE D ☒ Delete
NAME ROBINSON, SONYA
STREET ADDRESS 3410 LITTLE TACK LANE
CITY-ST-ZIP MILTON, FL 32570

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

TITLE D ☐ Delete
NAME TUTTLE, TINA
STREET ADDRESS 6755 HWY 99
CITY-ST-ZIP MOLINO, FL 32577

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

TITLE D ☐ Delete
NAME JOGAN, GINA
STREET ADDRESS 6735 HWY 99
CITY-ST-ZIP MOLINO, FL 32577

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME TANKSLEY, CAROL
STREET ADDRESS 8012 EASTWOOD LANE
CITY-ST-ZIP PENSACOLA, FL 32514-6551

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: Gina V JOGAN, TREASURER Gina V Jogan Jan 19, 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

850-587-2621