

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90330 029 ****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**

40083796



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008 Chg-NP CR2E037 (12/06)

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	THETFORD, MACK	
STREET ADDRESS	5329 CONEYH ST	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUTTLE, TINA	
STREET ADDRESS	6755 HWY 99	
CITY-ST-ZIP	MOLINO, FL 32577	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOGAN, GINA	
STREET ADDRESS	6735 HWY 99	
CITY-ST-ZIP	MOLINO, FL 32577	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBINSON, SONYA	
STREET ADDRESS	3410 LITTLE TACK LANE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BLAGE, JEANNE	
STREET ADDRESS	3151 CALLE DE CIE RVD	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENK, SALLY	
STREET ADDRESS	3610 TIBET DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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.

Gina V. Jogan, Treasurer