

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007433

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

5988 HWY 90 BLDG 4900
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

PO BOX 221
MILTON, FL 32583

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BYROM, JENNIFER
5177 ELMIRA ST
MILTON, FL 32570 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: THETFORD, MACK
Address: 5329 CONECUH ST
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: TUTTLE, TINA
Address: 6755 HWY 99
City-St-Zip: MOLINO, FL 32577

Title: D () Delete
Name: JOGAN, GINA
Address: 6735 HWY 99
City-St-Zip: MOLINO, FL 32577

Title: DP () Delete
Name: ROBINSON, SONYA
Address: 3410 LITTLE TACK LANE
City-St-Zip: MILTON, FL 32570

Title: S () Delete
Name: FULFORD, DANA
Address: 4872 LACASA CIRCLE
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: MENK, SALLY
Address: 3610 TIBET DRIVE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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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: GINA V. JOGAN

TREA

04/21/2009

Electronic Signature of Signing Officer or Director

Date