

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003972

1. Entity Name
IRIS GARDEN CLUB OF WAKULLA COUNTY, INC.



Principal Place of Business
**55 ISLE OF PARADISE ROAD
CRAWFORDVILLE, FL 32327**

Mailing Address
**55 ISLE OF PARADISE ROAD
CRAWFORDVILLE, FL 32327**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3738584

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRODHEAD, JEANNIE
55 ISLE OF PARADISE ROAD
CRAWFORDVILLE, FL 32327**

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRODHEAD, JEANNIE
STREET ADDRESS	55 ISLE OF PARADISE ROAD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	VD
NAME	ARTZ, LYNN
STREET ADDRESS	P. O. BOX 937
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	VD
NAME	DUBIN, CHRISTINA
STREET ADDRESS	605 MASHES SANDS ROAD
CITY-ST-ZIP	OCHLOCKONEE BAY, FL 32346
TITLE	SD
NAME	RICHARDSON, DAIS L
STREET ADDRESS	214 FOX RUN CIRCLE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	TD
NAME	BRODHEAD, JEANNIE
STREET ADDRESS	55 ISLE OF PARADISE RD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	VD
NAME	DEIBEL, JOANN
STREET ADDRESS	1169 ALLIGATOR DRIVE
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346

000000576948
01/05/07-80006-023 61.25

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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.

SIGNATURE: Jeannie Brodhead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07
Date

(850) 926-2264
Daytime Phone #