

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003972

FILED  
Mar 27, 2011  
Secretary of State

**Entity Name:** IRIS GARDEN CLUB OF WAKULLA COUNTY, INC.

**Current Principal Place of Business:**

55 ISLE OF PARADISE ROAD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

55 ISLE OF PARADISE ROAD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

55 ISLE OF PARADISE ROAD  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 11-3738584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRODHEAD, JEANNIE  
55 ISLE OF PARADISE ROAD  
CRAWFORDVILLE, FL 32327 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: PD  
Name: BRODHEAD, JEANNIE M PRES  
Address: 55 ISLE OF PARADISE ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: VD  
Name: BYRNES, TAMARA VP  
Address: 5079 COASTAL HIGHWAY  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: VD  
Name: PETTY, WILLIAM VP  
Address: 326 BEECHWOOD DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: SD  
Name: PATE, DOROTHY C. SECT  
Address: 30 SCOTCH PINE COURT  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: TD  
Name: PIASECKI, ANGRET TREAS.  
Address: 137 ROYSTER DR  
City-St-Zip: CRAWFORDVILLE, FL 323274628 US

Title: SD  
Name: MALIK, ANNETTE REC. SE  
Address: 116 ISLE OF PARADISE ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby 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 all other like empowered.

SIGNATURE: JEANNIE M. BRODHEAD

PD

03/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date