2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009117

FILED Mar 04, 2007 Secretary of State

Entity Name: GARDENS OF THE WORLD GARDEN CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 38 EAST NORTH SHORE AVE NORTH FORT MYERS, FL 33917 **Current Mailing Address: New Mailing Address:** 38 EAST NORTH SHORE AVE NORTH FORT MYERS, FL 33917 FEI Number: 72-1650531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAVOURAS, SANDRA H 38 EAST NORTH SHORE AVE. NORTH FORT MYERS, FL 33917 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P,D (X) Change () Addition () Delete KAVOURAS, SANDRA H KAVOURAS, SANDRA H PRES DR Name: Name: 38 EAST NORTH SHORE AVE. Address: 38 EAST NORTH SHORE AVE. Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: NORTH FORT MYERS, FL 33917 Title: Title: () Change (X) Addition () Delete Name: Name: TOMPKINS, DARLENE P SEC Address: Address: 1416 CHARLES ROAD City-St-Zip: City-St-Zip: FORT MYERS, FL 33919 US Title: () Delete Title: **TRES** () Change (X) Addition TOMPKINS, GILES G TREAS Name: Name: 1416 CHARLES ROAD Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33919 US Title: () Delete Title: () Change (X) Addition VALENTINE, SUSAN VICE PR Name: Name: Address: Address: 10971 RAGSDALE STREET BONITA SPRINGS, FL 34135 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MOORE, BARBARA DIRECTR Name: Name: 2544 EAST 1ST STREET, 201 Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33901 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GILES G. TOMPKINS, TREASURER TRES 03/04/2007