2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N06000009117

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

Current Principal Place of Business:

38 EAST NORTH SHORE AVE.
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

38 EAST NORTH SHORE AVE.
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 72-1650531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAVOURAS, SANDRA H
38 EAST NORTH SHORE AVE.
NORTH FORT MYERS, FL 33917 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: P,D ( ) Delete
Name: KAVOURAS, SANDRA H PRES DR
Address: 38 EAST NORTH SHORE AVE.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SEC ( ) Delete
Name: TOMPKINS, DARLENE P SEC
Address: 1416 CHARLES ROAD
City-St-Zip: FORT MYERS, FL 33919 US

Title: TRES ( ) Delete
Name: TOMPKINS, GILES G TREAS
Address: 1416 CHARLES ROAD
City-St-Zip: FORT MYERS, FL 33919 US

Title: VP ( ) Delete
Name: VALENTINE, SUSAN VICE PR
Address: 10971 RAGSDALE STREET
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DIR ( ) Delete
Name: MOORE, BARBARA DIRECTR
Address: 2544 EAST 1ST STREET, 201
City-St-Zip: FORT MYERS, FL 33901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change ( ) Addition
Name: TOMPKINS, DARLENE P TREAS
Address: 1416 CHARLES ROAD
City-St-Zip: FORT MYERS, FL 33919 US

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

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

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: DARLENE P. TOMPKINS SEC 03/20/2009

Electronic Signature of Signing Officer or Director — Date