

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009657

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** THE LAKE HELEN GARDEN CLUB, INC.

**Current Principal Place of Business:**

106 S. EUCLID AVE.  
LAKE HELEN, FL 32744

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 217  
LAKE HELEN, FL 32744

**New Mailing Address:**

P.O. BOX 3  
LAKE HELEN, FL 32744

**FEI Number:** 38-3749408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRIS, FRANCES E.  
333 JOHN ST.  
LAKE HELEN, FL 32744 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: DP ( ) Delete  
Name: MORRIS, FRANCES  
Address: 333 JOHN ST.  
City-St-Zip: LAKE HELEN, FL 32744

Title: DV ( ) Delete  
Name: CARTER, CAROLE  
Address: 198 ELVIRA ST.  
City-St-Zip: LAKE HELEN, FL 32744

Title: DT ( ) Delete  
Name: LONG, CARYN  
Address: 176 EUCLID AVE.  
City-St-Zip: LAKE HELEN, FL 32744

Title: DS ( ) Delete  
Name: DUFFY, JOAN  
Address: 164 COOK ST.  
City-St-Zip: LAKE HELEN, FL 32744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DT (X) Change ( ) Addition  
Name: SHEEDY, PATRICIA  
Address: 140 EAST MICHIGAN AVE.  
City-St-Zip: LAKE HELEN, FL 32744

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: PATRICIA SHEEDY

DT

01/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date