

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009950

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: NAVARRE GARDEN CENTER, INC.

## Current Principal Place of Business:

1686 WINPOINT COVE  
GULF BREEZE, FL 32563

## New Principal Place of Business:

## Current Mailing Address:

1686 WINPOINT COVE  
GULF BREEZE, FL 32563

## New Mailing Address:

P O BOX 6091  
NAVARRE, FL 32566

FEI Number: 14-2007944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATTHEWS, EDESEL F ESQ  
308 SOUTH JEFFERSON STREET  
PENSACOLA, FL 32502 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 ( ) Delete  
Name: HENDERSON, LINDA  
Address: 1686 WINPOINT COVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: V ( ) Delete  
Name: STOKES, JOAN  
Address: 1686 WINPOINT COVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: S ( ) Delete  
Name: DEPEW, JOLENE  
Address: 1686 WINPOINT COVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: T ( ) Delete  
Name: EISELE, GINGER  
Address: 1836 WINPOINT COVE  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: SELTZER, META  
Address: 2064 SUNDOWNER DR  
City-St-Zip: NAVARRE, FL 32566

Title: T (X) Change ( ) Addition  
Name: EISELE, GINGER  
Address: 7909 SKYVIEW BLVD  
City-St-Zip: NAVARRE, FL 32566

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: GINGER EISELE

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date