

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002916

FILED
Jan 23, 2009
Secretary of State

Entity Name: PERRY GARDEN CLUB, INC.

Current Principal Place of Business:

206 FOREST PARK DRIVE
PERRY, FL 32348

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 33
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-1940515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOWLIN, JUDY
106 PALMETTO STREET
PERRY, FL 32348 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: NOWLIN, JUDY
Address: 106 PALMETTO STREET
City-St-Zip: PERRY, FL 32348

Title: S () Delete
Name: VANN, PATRICIA
Address: 12743 OVERSTREET AVENUE SE
City-St-Zip: LAMONT, FL 32336

Title: V () Delete
Name: CHESSER, FANETTE
Address: 316 GLENRIDGE ROAD
City-St-Zip: PERRY, FL 32348

Title: T () Delete
Name: CULBREATH, BETTY
Address: 103 CREST DRIVE
City-St-Zip: PERRY, FL 32348

Title: V () Delete
Name: BARNETT, NELL
Address: 423 EAST ELM STREET
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ELIZABETH(BETTY) CULBREATH

TRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date