

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 050 \*\*\*\*61.25

<b>DOCUMENT # N15092</b> 1. Entity Name <b>GARDEN CLUB OF ORANGE PARK, INC.</b>					
Principal Place of Business <b>1820 SMITH ST ORANGE PARK, FL 32073</b>			Mailing Address <b>PO BOX 1431 ORANGE PARK, FL 32067-1431 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2719835</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, RACHEL D 39 FOX VALLEY DRIVE ORANGE PARK, FL 32073</b>			7. Name and Address of New Registered Agent Name <b>HELEN HOWARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>19 FOX VALLEY DRIVE</b> City <b>ORANGE PARK</b> <b>FL</b> Zip Code <b>32073</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>Helen Howard</i> <b>HELEN HOWARD</b> DATE <b>1-24-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARPER, RITA 283 EDINBURGH LN ORANGE PARK, FL 32073</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PREES. JEAN SCHNEIDER 3065 DOCTORS LAKE DR. ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4VD BEDSOLE, SARAH 674 MORGAN CIRCLE S ORANGE PARK, FL 32073</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1st VP ETHELIA PERRY 3336 HOLLYCREST BLVD. ORANGE PARK, FL 32065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VD SPEGLEVIN, ROZ 42 FOX VALLEY DR ORANGE PARK, FL 32073</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd VP ZANA BURNETTE 1844 GLADES RD. MIDDLEBURG, FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3VD BURNETTE, ZANA 1844 THE GLADES RD MIDDLEBURG, FL 32068</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3RD VP LAMBDA PHILLIPS 1755 DOCKSIDE DR. ORANGE PARK, FL 32003</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VD STANFIELD, MARGARET 224 FLEMING DR. GREEN COVE SPRINGS, FL 32043</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REC. SECTY SHIRLEY BURNETT 4170 WHITESVILLE LANDING CT. MIDDLEBURG, FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RDS HOWARD, HELEN #19 FOX VALLEY DRIVE ORANGE PARK, FL 32073</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS HELEN HOWARD 19 FOX VALLEY DR. ORANGE PARK, FL 32073</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Helen Howard</i> <b>TREASURER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <b>1-24-08</b> PHONE: <b>904-276-8391</b> <small>Date Daytime Phone #</small>		

**HELEN HOWARD**