

**FILED****Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90060 022 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****DOCUMENT # N23788**1. Entity Name  
**THE GARDEN CLUB OF PALATKA, INC.**Principal Place of Business  
**RAVINE STATE GARDENS  
1600 TWIGG ST  
PALATKA, FL 32177 US**Mailing Address  
**275 W. RIVER ROAD  
PALATKA, FL 32177-4317 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172008

Chg-NP

CR2E037 (12/06)

City &amp; State

City &amp; State

4. FEI Number

**59-1743472**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****BLESSIN, JUDI  
275 W. RIVER ROAD  
PALATKA, FL 32177****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make check payable to  
Florida Department of State****10. OFFICERS AND DIRECTORS**TITLE **VD** ☐ Delete  
NAME **GALLOWAY, KATIE**  
STREET ADDRESS **2504 FAIRWAY DR**  
CITY-ST-ZIP **PALATKA, FL 32172**TITLE **VD** ☐ Delete  
NAME **REINAU, BETTY**  
STREET ADDRESS **2300 PRESIDENT ST**  
CITY-ST-ZIP **PALATKA, FL 321774845**TITLE **SD** ☒ Delete  
NAME **BLESSING, JUDI**  
STREET ADDRESS **275 W. RIVER ROAD**  
CITY-ST-ZIP **PALATKA, FL 32177**TITLE **PD** ☒ Delete  
NAME **ELDER, THELMA**  
STREET ADDRESS **153 BAYOU DRIVE**  
CITY-ST-ZIP **SATSUMA, FL 32189**TITLE **TD** ☒ Delete  
NAME **BLESSING, JUDI**  
STREET ADDRESS **275 RIVER RD**  
CITY-ST-ZIP **PALATKA, FL 321779685**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☒ Change ☐ Addition  
NAME **Barbara Caine**  
STREET ADDRESS **307 W. River Rd**  
CITY-ST-ZIP **PALATKA FL 32177**TITLE **AD** ☒ Change ☐ Addition  
NAME **Judith A. Blessing**  
STREET ADDRESS **275 W. River Rd**  
CITY-ST-ZIP **PALATKA FL 32177**TITLE **TD** ☒ Change ☐ Addition  
NAME **Joyce Ben**  
STREET ADDRESS **216 Cedar Creek Rd**  
CITY-ST-ZIP **PALATKA, FL 32177**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #