

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23788

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE GARDEN CLUB OF PALATKA, INC.

Current Principal Place of Business:

RAVINE STATE GARDENS
1600 TWIGG ST
PALATKA, FL 32177 US

New Principal Place of Business:

Current Mailing Address:

275 W. RIVER ROAD
PALATKA, FL 321774317 US

New Mailing Address:

FEI Number: 59-1743472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLESSIN, JUDI
275 W. RIVER ROAD
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

BLESSING, JUDI
275 W. RIVER ROAD
PALATKA, FL 32177 US

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: JUDI BLESSING

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GALLOWAY, KATIE
Address: 2504 FAIRWAY DR
City-St-Zip: PALATKA, FL 32172

Title: VD () Delete
Name: REINAU, BETTY
Address: 2300 PRESIDENT ST
City-St-Zip: PALATKA, FL 321774845

Title: SD () Delete
Name: CEULE, BARBARA
Address: 307 W RIVER RD
City-St-Zip: PALATKA, FL 32177

Title: PD () Delete
Name: BLESSING, JUDITH A
Address: 275 W RIVER RD
City-St-Zip: PALATKA, FL 32177

Title: TD () Delete
Name: BELL, JOYCE
Address: 216 CEDAR CREEK RD
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: CAILE, BARBARA
Address: 307 W RIVER RD
City-St-Zip: PALATKA, FL 32177

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: JUDI BLESSING

P/D

04/20/2009

Electronic Signature of Signing Officer or Director

Date