

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 30, 2008
Secretary of State

DOCUMENT# N40115

Entity Name: SPRING HILL GARDEN CLUB, INC.**Current Principal Place of Business:**POST OFFICE BOX 3504
SPRING HILL, FL 34606**New Principal Place of Business:**1489 PARKER AVE.
SPRING HILL, FL 34606**Current Mailing Address:**POST OFFICE BOX 3504
SPRING HILL, FL 34606**New Mailing Address:**1489 PARKER AVE.
SPRING HILL, FL 34606**FEI Number:** 59-2057098**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KING, ROBERTA
3339 BROAD
BROOKSVILLE, FL 34604 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: S () Delete
Name: MOYES, ANN
Address: 18236 WEBSTER GROVE RD
City-St-Zip: HUDSON, FL 34667

Title: DP () Delete
Name: BRAINARD, DOUG
Address: 8119 EARLSHIRE LANE
City-St-Zip: SPRING HILL, FL 34606

Title: DVP () Delete
Name: JENKINS, KATHLEEN
Address: 6168 PRESTWICK CT
City-St-Zip: SPRING HILL, FL 34606

Title: TD () Delete
Name: KING, ROBERTA
Address: 3339 BROAD ST.
City-St-Zip: BROOKSVILLE, FL 34604

Title: DVP () Delete
Name: HESTER, EMMET
Address: 8033 SUGARBUSH DR
City-St-Zip: SPRING HILL, FL 34609

Title: TD () Delete
Name: ERICKSON, JEANNE
Address: 1339 OVERLAND DR
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SALKIN, BEVERLY
Address: 1090 DAGMAR
City-St-Zip: SPRING HILL, FL 34606

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

Title: DVP (X) Change () Addition
Name: LOCKWOOD, KATHLEEN
Address: 6168 PRESTWICK CT
City-St-Zip: SPRING HILL, FL 34606

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: KATHLEEN LOCKWOOD

DVP

10/30/2008

Electronic Signature of Signing Officer or Director

Date