

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42219** (8)

1. Corporation Name

GARDENS BENEVOLENT ORGANIZATION, INC.



Principal Place of Business

**LIVE OAK PLAZA UNITS #5
ALTERNATE A1A
LAKE PARK FL 33403**

Mailing Address

**PO BOX 12633
LAKE PARK FL 33403
US**

3. Date Incorporated or Qualified

02/25/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0244271

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

25

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, HAROLD
5476 SHIRLEY DRIVE
JUPITER FL**

81

Name

CHARLES F. ADAMS

82

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

626 PROSPERITY FARMS RD. #6

83

84

City

N. PALM BEACH

FL

85

Zip Code

33408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Charles F. Adams

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

**SHAW, HAROLD
5476 SHIRLEY DRIVE
JUPITER FL**

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

**GORMAN, ROBERT
18821 MISTY LAKE DRIVE
JUPITER FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

**POLLREIS, JERENE
7358 42ND WAY NORTH
RIVIERA BEACH FL**

☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CHARLES F. ADAMS

☒ Change

☐ Addition

1.2 NAME

626 PROSPERITY FARMS RD. #6

1.3 STREET ADDRESS

N. PALM BEACH, FL 33408

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

NANCY LINGAFELTER

☒ Change

☒ Addition

3.2 NAME

43600 LILAC ST.

3.3 STREET ADDRESS

PALM BEACH GONS., FL 33400

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

400001872694

☐ Change

☐ Addition

5.2 NAME

-06/24/96--01024--011

5.3 STREET ADDRESS

*****61.25**

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles F. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

6-21-96
UP