

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000001382 (9)

1. Corporation Name

BACK TO THE GARDEN, INC.

Principal Place of Business

Mailing Address

~~1701 ROBIE AVE.~~
MOUNT DORA FL 32757

PO BOX 1844
MOUNT DORA FL ~~32757~~

2. Principal Place of Business
21 1601 ROBIE AVE.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State
MT. DORA, FL

28 City & State

24 Zip
32757

25 Country

29 Zip
32756

30 Country

9. Name and Address of Current Registered Agent

EDWARDS, PATRICIA
1701 ROBIE AVE
MOUNT DORA FL 32757

3. Date Incorporated or Qualified

03/21/1995

4. FEI Number

59-3323502

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
OSBORNE, DIANNE I.

82 Street Address (P.O. Box Number Is Not Acceptable)
1601 ROBIE AVE.

83

84 City
MT. DORA

FL 85 Zip Code
32757

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: Dianne Osborne DIANNE I. OSBORNE, PRESIDENT

9/2/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME OSBORNE, DIANNE I
STREET ADDRESS 41329 SILVER DRIVE
CITY-ST-ZIP UMATILLA FL 32784

TITLE D ☐ DELETE
NAME OSBORNE, JOHN W
STREET ADDRESS 41329 SILVER DRIVE
CITY-ST-ZIP UMATILLA FL 32784

TITLE D ☐ DELETE
NAME GREENFIELD, KATHLEEN H
STREET ADDRESS 2112 PLYMOUTH-SORRENTO ROAD
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ DELETE
NAME EDWARDS, PATRICIA A
STREET ADDRESS 25438 PINE VALLEY ROAD
CITY-ST-ZIP SORRENTO FL 32766

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D Greenfield, Kathleen H.
3.3 STREET ADDRESS 23745 Brandi Kala Lane
3.4 CITY-ST-ZIP Howey, FL 34737

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further 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: Dianne Osborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANNE I. OSBORNE, PRESIDENT

Date

Daytime Phone #

FILED
Sep 09 1998 8:00am³
Secretary of State



CR2E037 (5/98)