

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90154 006 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000001382**

1. Corporation Name

**BACK TO THE GARDEN, INC.**

Principal Place of Business

1601 ROBIE AVE  
MOUNT DORA FL 32757  
US

Mailing Address

PO BOX 1844  
MOUNT DORA FL 32756  
US



2. Principal Place of Business

21 2826 S. Bay St.

Suite, Apt. #, etc.

22 City & State

23 Eustis, FL

Zip Country

24 32726 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

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

9. Name and Address of Current Registered Agent

OSBORNE, DIANNE T  
16701 ROBIE AVE  
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name

Osborne, Dianne

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

2826 S. Bay St.

83

84 City

Eustis

FL

85 Zip Code

32726

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

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

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

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS GREENFIELD, KATHLEEN H  
CITY-ST-ZIP 23745 BRANDI KALA LANE  
HOWEY FL 34737

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS EDWARDS, PATRICIA A  
CITY-ST-ZIP 25438 PINE VALLEY ROAD  
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  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne Osborne

4/26/99

(352) 483-2027

Date

Daytime Phone #

CR2E037 (1/98)