


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90051 035 ****61.25

DOCUMENT # N95000003765 1. Entity Name MEN'S GARDEN CLUB OF JACKSONVILLE, INC.			
Principal Place of Business 5616 FORT SUMTER ROAD JACKSONVILLE, FL 32210		Mailing Address 5616 FORT SUMTER ROAD JACKSONVILLE, FL 32210	
2. Principal Place of Business - No P.O. Box # 5759 PIPER GLEN BLVD Suite, Apt. #, etc.		3. Mailing Address 5759 PIPER GLEN BLVD Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL Zip 32222		City & State JACKSONVILLE, FL Zip 32222	
Country USA		Country USA	
4. FEI Number 59-6159102		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASFORD, RICHARD A 5616 FORT SUMTER ROAD JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name BASFORD, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 5759 PIPER GLEN BLVD City JACKSONVILLE FL Zip Code 32222	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Richard A. Basford</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>01-07-08</u> <small>Signature, typed or printed name of registered agent and title (applicable)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENBERG, SAM 2859 LYDIA ST. JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, JIM 1812 FARRAGUT PL JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDUFFIE, GEORGE 1309 BELVEDERE AVE. JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKHART, CHARLES 7919 PRAVER DRIVE W JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Richard A. Basford</i></u> Jan 23, 2008 904-771-3575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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