


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90317 027 \*\*\*\*61.25

<b>DOCUMENT # N97000001709</b> 1. Entity Name <b>GARDEN CLUB OF PONCE INLET, INC.</b>					
Principal Place of Business <b>4670 SOUTH PENINSULA DRIVE PONCE INLET FL 32127</b>			Mailing Address <b>4670 SOUTH PENINSULA DRIVE PONCE INLET FL 32127</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2231388</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent <b>NORRIS, ROBERT L. 4670 S PENINSULA DR PONCE INLET FL 32127</b>				7. Name and Address of New Registered Agent Name <b>MURPHY, BERNIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4670 S PENINSULA DR</b> City <b>PONCE INLET</b> FL <b>32127</b>	
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 <i>Bernie Murphy</i> <b>4/20/05</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIBBERT, SHIRLEY 4750 RIVERGLEN BLVD PONCE INLET FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAGE, PATRICIA 46 S TURN CIRCLE PONCE INLET, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OKHOVATION, SHIRLEY 4712 S PENINSULA DR PORT INLET FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUDY HUGGINS 44 Coastal Oaks Circle PONCE INLET, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGE, PATRICIA 46 S TURN CIRCLE PONCE INLET FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARY Mc CONNELL 132 - OLD CARRIAGE RD PONCE INLET, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEEK, MARILYN 4910 S ATLANTIC AVE PORT INLET FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINNI IRWIN 4741 S PENINSULA DR PONCE INLET, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHERSN, SANDRA 14 KELLY BEA CT PORT INLET FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP FAYE Mc HUGH 37 Loggerhead Court PONCE INLET, FL 32127	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYER, VIRGINA 55 JENNIFER CIR PORT INLET FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <i>Patricia Page</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/24/05</b> <b>761-2814</b> <small>Date Daytime Phone #</small>		