


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N9800003511 1. Entity Name THE GREATER LAKELAND AREA GARDENING CLUB, INC.	
--	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT -4 AM 9:00

Principal Place of Business 4226 LAKE HANCOCK RD. LAKELAND FL 33813 US	Mailing Address 4226 LAKE HANCOCK RD. LAKELAND FL 33813 US
---	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

MOORE CR2E037 (4/04)

City & State Zip Country	City & State Zip Country
-----------------------------	-----------------------------

4. FEI Number 59-3514264	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent WILSON, CAROLYN 4226 LAKE HANCOCK ROAD LAKELAND FL 33813	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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: *Carolyn M. Wilson* DATE: *8-20-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By September 8, 2004	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	
TITLE	P <input type="checkbox"/> Delete
NAME	BRAFFORD, MARK
STREET ADDRESS	4620 VALLEYVIEW DR. W.
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	1VP <input type="checkbox"/> Delete
NAME	VALENCIA, LINDA
STREET ADDRESS	1438 HOLLY ROAD
CITY-ST-ZIP	LAKELAND FL 33801
TITLE	2VP <input type="checkbox"/> Delete
NAME	KIMBERLEY, BAILEY <i>BAILEY</i>
STREET ADDRESS	1475 WOODLAKE DR., #259
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	SPRINGER, RAY
STREET ADDRESS	7 CC STREET
CITY-ST-ZIP	LAKELAND FL 33815-4215
TITLE	S <input type="checkbox"/> Delete
NAME	WILSON, CAROLYN
STREET ADDRESS	4226 LAKE HANCOCK ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	T. CAROLYN WILSON <input type="checkbox"/> Delete
NAME	WILSON, CAROLYN
STREET ADDRESS	4226 LAKE HANCOCK RD.
CITY-ST-ZIP	LAKELAND, FL 33813

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T, CAROLYN WILSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN WILSON
STREET ADDRESS	4226 LAKE HANCOCK ROAD
CITY-ST-ZIP	LAKELAND, FL 33813 <i>TEMPORARY</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300041569203
CITY-ST-ZIP	10/04/04--01032--020 **70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Mark Brafford* MARK BRAFFORD 9-14-04 (863) 648-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #