


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90105 010 ****70.00

DOCUMENT # N99000000804	
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1. Entity Name
THE GARDEN FOUNDATION INC.

Principal Place of Business
8421 N HAVEN LN
B
FT. MYERS, FL 33919

Mailing Address
8421 NORTH HAVEN LANE, #B
FT. MYERS, FL 33919



2. Principal Place of Business - No P.O. Box #
2922 EVANS AVE.
Suite, Apt. #, etc.

3. Mailing Address
13150 Broadhurst Loop
Suite, Apt. #, etc.
#6

04292007 Chg-NP CR2E037 (12/06)

City & State
FT. MYERS, FL.
Zip
33901
Country
Lee

City & State
FT. MYERS, FL.
Zip
33919
Country
Lee

4. FEI Number
65-0838083
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRICK, JAN
8421 NORTH HAVEN LANE, #B
FT. MYERS, FL 33919

7. Name and Address of New Registered Agent

Name
JAN FRICK
Street Address (P.O. Box Number is Not Acceptable)
13150 Broadhurst Loop #6
City
FT. MYERS
FL
Zip Code
33919

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: *Jan Frick* (President) DATE: 4/28/07
(NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25
Due by: May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV. FRICK, JAN 8421 NORTH HAVEN LANE, #B FT. MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRICK, CLINT 8421 NORTH HAVEN LN #B FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTHONY, SUSAN PO BOX 2070 FORT MYERS, FL 33902 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Jan Frick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07 239-470-4789
Date Daytime Phone #