2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90110 018 ****61.25

DOCUMENT # N99000003546

1. Entity Name
LATE BLOOMERS GARDEN CLUB, INC.

Principal Place of Business: ~~C/O MARY PIETAN 1877 BEACH AVE ATLANTIC BEACH, FL 32233~~ c/o Kathy Storm 1846 Montgomery PL. Jacksonville, FL 32205

Mailing Address: ~~C/O MARY PIETAN 1877 BEACH AVE ATLANTIC BEACH, FL 32233~~ c/o Kathy Storm 1846 Montgomery PL. Jacksonville, FL. 32205

04132008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3594222
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

F&L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	~~PIETAN, MARY~~ Kathy Storm
STREET ADDRESS	~~1877 BEACH AVE~~ 1846 Montgomery Place
CITY-ST-ZIP	~~ATLANTIC BEACH, FL 32233~~ Jacksonville, FL 32205
TITLE	VD
NAME	~~STORM, KATHY~~ To be determined
STREET ADDRESS	~~1846 MONTGOMERY PLACE~~
CITY-ST-ZIP	~~JACKSONVILLE, FL 32205~~
TITLE	SD
NAME	~~HARDWICK, JUDI~~ To be determined
STREET ADDRESS	~~4115 ORTEGA BLVD~~
CITY-ST-ZIP	~~JACKSONVILLE, FL 32210~~
TITLE	TD
NAME	~~VAN VLECK, JOAN~~ Ann Gibbs
STREET ADDRESS	~~2358 RIVERSIDE AVE., 3606~~ 5005 Yacht Club Rd.
CITY-ST-ZIP	~~JACKSONVILLE, FL 32204~~ Jacksonville, FL 32210
TITLE	D
NAME	~~HEPLER, ANNE~~ To be determined
STREET ADDRESS	~~4648 ORTEGA ISLAND DR~~
CITY-ST-ZIP	~~JACKSONVILLE, FL 32210~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ~~Joan Amery Van Vleck~~ - Joan Amery Van Vleck 4/19/08 904/384.6599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Trea. — Date — Daytime Phone #