


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90145 017 \*\*\*\*61.25

<b>DOCUMENT # N99000006841</b>	
1. Entity Name <b>KOGER GALLERY AND GARDENS, INC.</b>	

Principal Place of Business 910A 3RD ST NEPTUNE BEACH, FL 32266	Mailing Address 910A 3RD ST NEPTUNE BEACH, FL 32266
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**50047151**



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

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2440510**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PADGETT, DONALD A**  
**910A 3RD ST**  
**NEPTUNE BEACH, FL 32266**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	D	<input checked="" type="checkbox"/> Delete
NAME	<b>KOGER, IRA M</b>	
STREET ADDRESS	<b>910A 3RD ST</b>	
CITY-ST-ZIP	<b>NEPTUNE BEACH, FL 32266</b>	

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KOGER, NANCY T</b>	
STREET ADDRESS	<b>910A 3RD ST</b>	
CITY-ST-ZIP	<b>NEPTUNE BEACH, FL 32266</b>	

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PADGETT, DONALD A</b>	
STREET ADDRESS	<b>910A 3RD ST</b>	
CITY-ST-ZIP	<b>NEPTUNE BEACH, FL 32266</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Change ☐ Addition

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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

*4/28/05* *904-249-1776*