

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthon
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716760 (4)

1. Corporation Name

THE FEDERATED GARDEN CIRCLES OF FORT LAUDERDALE, INC.

Principal Place of Business

INC. HUGH TAYLOR BIRCH ST. PARK.
3109 EAST SUNRISE BLVD
FORT LAUDERDALE FL 33304

Mailing Address

INC. HUGH TAYLOR BIRCH ST. PARK.
3109 EAST SUNRISE BLVD.
FORT LAUDERDALE FL 33304



3. Date Incorporated or Qualified
06/17/1969

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 4114

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 FT LAUDERDALE, F

24 Zip

Country

29 33338

30 Country

4. FEI Number
59-0816875

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, PAUL M
160 CYPRESS CREEK DR. APT 612
POMPANO BEACH FL 33060

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, PAUL M	1.2 NAME FISHER, STARR L.	
STREET ADDRESS	160 CYPRESS CREEK DRIVE, APT 612	1.3 STREET ADDRESS 11351 NW 25 ST	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP PLANTATION, FL 33323	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHALK, KAREN M	2.2 NAME DE PALMA, M.E.	
STREET ADDRESS	2531 N.E. 31 CT.	2.3 STREET ADDRESS 2117 NE 17 TER	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP WILTON, MANORS 33305	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARL, SUSAN W	3.2 NAME	
STREET ADDRESS	1615 S.W. 15 TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEGGS, NANCY M	4.2 NAME ZEMAN, MELINDA	
STREET ADDRESS	716 SOLAR ISLE DR.	4.3 STREET ADDRESS 7300 SW 18 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP PLANTATION, FL 33317	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKINS, CHARLES M	5.2 NAME	
STREET ADDRESS	2212 N.E. 32 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SULLIVAN, EDWARD M	6.2 NAME LONG, CYNTHIA	
STREET ADDRESS	2837 N.E. 27TH ST.	6.3 STREET ADDRESS 6203 BAY CLUB DR #3	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Starr L. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (954) 476-7641
Date Daytime Phone #

CR2E037 (12/95)