

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90025 027 ****61.25

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DOCUMENT # 716760

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

P O BOX 4114
FORT LAUDERDALE FL 33304
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/17/1969

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FRY, LOIS
STREET ADDRESS 1815 NE 17 WAY
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE VPD
NAME SCHOETTLE, JACQUELINE
STREET ADDRESS 2609 SE 20 ST
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE TD
NAME RICHARDS, JEANNINE
STREET ADDRESS 820 SW 16TH ST
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE D
NAME WILKINS, CHARLES
STREET ADDRESS 2212 NE 32 AVE
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE SD
NAME LONG, CYNTHIN
STREET ADDRESS 6202 BAY CLUB DR
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME FISHER, STARR
1.3 STREET ADDRESS 11351 NW 25 STREET
1.4 CITY-ST-ZIP PLANTATION, FL 33323

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS NO VPD
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE TD
3.2 NAME STENDEL, JANICE
3.3 STREET ADDRESS 450 MILL SPRINGS LANE
3.4 CITY-ST-ZIP PLANTATION, FL 33325

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE: Janice Stencel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)