

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000001457

Entity Name: THE GARDEN CLUB OF WINTER HAVEN, INC.**Current Principal Place of Business:**1151 INTERLOCHEN BLVD
WINTER HAVEN, FL 33884**Current Mailing Address:**1151 INTERLOCHEN BLVD
WINTER HAVEN, FL 33884 US**FEI Number:** 51-0201768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THORNTON, JENNIFER
1151 INTERLOCHEN BLVD
WINTER HAVEN, FL 33884 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name BARRANCO MURPHY, LISA
Address 122 ODIN DR
City-State-Zip: WINTER HAVEN FL 33884

Title VP
Name WALES, ADRIANNA
Address BO BOX 51
City-State-Zip: WINTER HAVEN FL 33850

Title TREASURER
Name MARTINEZ, LELIET
Address 606 HORSESHOE CT NE
City-State-Zip: WINTER HAVEN FL 33881

Title ASST. TREASURER
Name SPEYERER, CAROL
Address 2100 N LAKE ELOISE DR
City-State-Zip: WINTER HAVEN FL 33884

Title RECORDING SECRETARY
Name CHAPMAN, JULIE
Address 1316 MIRROR TERR NW
City-State-Zip: LAKELAND FL 33881

Title CORRESPONDING SECRETARY
Name MARTIN, LESLIE
Address 1324 MIRROR TERR NW
City-State-Zip: WINTER HAVEN FL 33881

Title PARLIAMENTARIAN
Name CARTER, CAROL
Address 1312 MIRROR TERR NW
City-State-Zip: WINTER HAVEN FL 33881

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LELIET MARTINEZ**TREASURER****02/28/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date