

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 739366 (3)

1. Corporation Name

GATOR DUGOUT CLUB, INC.



Principal Place of Business: P O BOX 12833 GAINESVILLE FL 32604
Mailing Address: P O BOX 12833 GAINESVILLE FL 32604

3. Date Incorporated or Qualified: 06/15/1977
3a. Date of Last Report: 04/26/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2567984	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
RITCH, FRANKLIN
1418 NW SIXTH STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent
81 Name: Valerie Taylor
82 Street Address (P.O. Box Number is Not Applicable): 14423 NW 118 Ave.
83
84 City: Alachua FL 85 Zip Code: 32615

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: Valerie Taylor (Signature) Valerie Taylor (Printed Name) 4/22/96 (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, ABBIE E	
STREET ADDRESS	1724 NW 32ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GWINN, ELLEN	
STREET ADDRESS	1525 NW 91ST TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMSON, MARY	
STREET ADDRESS	6908 S.W. 93 AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, ROY	
STREET ADDRESS	4829 SW 83RD TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Valerie Taylor	
1.3 STREET ADDRESS	14423 NW 118 Ave.	
1.4 CITY-ST-ZIP	Alachua, FL 32615	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vicki Fooks	
2.3 STREET ADDRESS	3511 NW 19E PLACE	
2.4 CITY-ST-ZIP	Gainesville, FL 32605	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Valerie Taylor (Signature) Valerie Taylor (Printed Name) 4/22/96 (Date) (904) 462-4001 (Daytime Phone #)

CR2E037 (12/95)