## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739366

(3)

GATOR DUGOUT CLUB, INC.

Principal Place	e of Business	Mailing Address	Mailing Address				T ON BEEL END MEN THINK THEFT BEELD M	161 <b>2</b> 1011 <b>2</b> 181	21611 61611 6161	14 Mides sudt
P O BOX 12833 Gainesville Fl	32604	P O BOX 12833 Gainesville FL 32804-0833								
							3. Date Incorporated or Qualified 06/15/1977	3a. Da 0	4/29/199	eport <b>6</b>
2. Principal P	ace of Business	2a. Mailing Addre	ss				4. FEI Number 59-2567984		<del></del>	plied For x Applicable
Suite, Apt. #, etc.		Suite, Apt. #, 6	<u> </u>				5. Certificate of Status Desired		\$8.75 A	
City & State 23		City & State 28 Zip					<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 Added t	
Zip <b>24</b>	Country 25	30	Country 30			8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Currer	it Registered Agent		-			10. Name and Address of New Re	gistered A	gent	
				81	Name					
VALERIE TAYLOR 14423 NW 118TH AVE				82	Street /	Address (P.O. Box Number is Not Acceptable)				
ALACHU/	A FL 32615			63						
				84	City			FL	<b>85</b> Zip (	Code
office or r	to the provisions of Sections 617,050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such chang	e was authori	ized by	the corp	corpor	ration submits this statement for the parties to a directors. It hereby accepts to a directors and a directors are acceptable.	ourpose of ot the appo	changing its sintment as	s registered registered
SIGNATURE	-	•	•							ì
Olora trone	Signature, typod or printed name of registered ago	ant and litle if applicable	(NOTE: Regis	ered Age	int signature	required	when reinstating)	DATE		
12.	OFFICERS AN			3.		,	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DEL		1 TITLE					Change	Addition
NAME	VALERIE TAYLOR			2 NAME						
STREET ADDRESS	14423 NW 118TH AVE				ADDRESS	ı				Ì
CITY-ST-ZIP	ALACHUA FL	T AF		4 CITY - S	T-ZIP				Channe	1,2450
TITLE	VPD	☐ DEL		1 TITLE					Change	Addition
NAME	VICKI FOOKS			2 NAME						
STREET ADDRESS	3511 NW 19TH PLACE GAINESVILLE FL				ADDRESS					
CITY-ST-ZIP TITLE	SD SD	□ DEL		4 CITY-1 1 TITLE	ST-ZIP				Change	Addition
	THOMSON, MARY		1		1					
NAME	6908 S.W. 93 AVE.			2 NAME	ADDDESS					
STREET ADDRESS	GAINESVILLE FL				ADDRESS					i
CITY-SI-ZIP TITLE	TD	DEL		4. CITY-: 1 TITLE	SI-ZIP	TD			Change	Addition
NAME	PHILLPS, ROY			2 NAME	i	PA	RRISH, JIM			
STREET ADDRESS	4829 SW 83RD TERR				ADDRESS		6 TURKEY CREEK			
CITY-ST-ZIP	GAINESVILLE FL		1	4 CITY-S	- 1		ACHUA FL 32615			l
TITLE	00011201112011	☐ DEL		1 TITLE	31-21		50923		Change	Addition
NAME		<b>—</b>		2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				4 CITY-S						
TITLE		☐ D£L		1 TITLE					Change	Addition
NAME				2 NAME	ļ					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				4 CITY-S					_	

14. I do 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.

SIGNATURE

THE AND TYPED OF PRINTED NAME OF STONING OFFICER OR DIRECTOR

904-462-400 Daving Phone #0010744

FILED

Mar 04 1997 8:00am

Secretary of State