


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90086 011 ****70.00

DOCUMENT # 739366					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2567984	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACKLEY, JUDY 9447 SW 31ST LN GAINESVILLE, FL 32608			Name <u>Suanne Knopf</u> Street Address (P.O. Box Number is Not Acceptable) <u>3854 NW 34 Place</u> City <u>Gainesville</u> FL Zip Code <u>32606</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Suanne Knopf</u> <u>Suanne Knopf</u> <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and etc. if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLESON, GORDON		NAME	<u>Donna Lutz</u>	
STREET ADDRESS	5331 NW 45TH DR		STREET ADDRESS	<u>409 NW 24th Street</u>	
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	<u>Gainesville, FL 32653</u>	
TITLE	PED	<input type="checkbox"/> Delete	TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTZ, DONNA		NAME	<u>Johanny Arnette</u>	
STREET ADDRESS	409 NW 24TH ST		STREET ADDRESS	<u>4625 NW 21 Terrace</u>	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	<u>Gainesville, FL 32605</u>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISSON, ANNA		NAME	<u>KAREN DISHMAN</u>	
STREET ADDRESS	6217 NW 52ND LN		STREET ADDRESS	<u>5510 NW 27 Ave</u>	
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	<u>GAINESVILLE FL 32606</u>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKLEY, JUDY		NAME	<u>SUANNE Knopf</u>	
STREET ADDRESS	9447 SW 31ST LN		STREET ADDRESS	<u>3854 NW 34 PL</u>	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	<u>Gainesville, FL 32606</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Suanne Knopf</u> <u>Suanne Knopf</u> <u>4/28/05</u> <u>352-373-5947</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					