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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744615** (6)

1. Corporation Name

FIGHTIN GATOR TOUCHDOWN CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 147050
GAINESVILLE FL 32614

P.O. BOX 147050
GAINESVILLE FL 32614



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified

10/17/1978

4. FEI Number

59-1930965

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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWANSON, STEPHEN
3930 N.W. 23RD TERRACE
GAINESVILLE FL 32605**

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	P
NAME	TUMBLESON, TOM
STREET ADDRESS	4420 NW 38 AVE #C
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	TOWNSEND, WADE
STREET ADDRESS	2319 NW 41 AVE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	SWANSON, STEPHEN
STREET ADDRESS	3930 NW 23 TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	S
NAME	HITTLE, HARLAND
STREET ADDRESS	P.O. BOX 94 N/A
CITY-ST-ZIP	ALACHUA FL
TITLE	D
NAME	HAMILTON, TOM
STREET ADDRESS	4323 NW 21 TERR.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	BENTHALL, BOB
STREET ADDRESS	1318 SW 122 ST
CITY-ST-ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D
1.2 NAME	JAMES, JEFFREY
1.3 STREET ADDRESS	7922 SW 13TH RD
1.4 CITY-ST-ZIP	GAINESVILLE FL 32607
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SEC
4.2 NAME	JAMES HOUTEN
4.3 STREET ADDRESS	601 N.W. 97TH TERR
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
5.1 TITLE	SECRETARY
5.2 NAME	Thomas B. Hamilton
5.3 STREET ADDRESS	4323 N.W. 21 St.
5.4 CITY-ST-ZIP	Gainesville, FL 32605
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Signature]

Stephen M. Swanson

5/1/98

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CP2E037 (10/97)