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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 749281 (2)
1. Corporation Name
NORTHEAST FLORIDA GATOR DODGERS, INC.



Principal Place of Business Mailing Address
483 CODY DR. ORANGE PARK FL 32073 US
483 CODY DR. ORANGE PARK FL 32073 US

3. Date Incorporated or Qualified
10/12/1979

4. FEI Number 59-2367656
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Distribution Ave 26 PUBay 56495
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Jacksonville, FL 28 Jacksonville, FL
24 Zip 32256 25 Country US 29 Zip 32241 30 Country US

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
~~WRIGHT, A.T.~~
~~483 CODY DR.~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent
81 Name William Clark
82 Street Address (P.O. Box Number is Not Acceptable) 2931 Alonso Rd
83
84 City Jacksonville FL 85 Zip Code 32216

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 *William Clark* William Clark, President DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, A.T.	
STREET ADDRESS	483 CODY DR.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, WILLIAM	
STREET ADDRESS	483 CODY DR.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JANET	
STREET ADDRESS	8811 INDIA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HINES, MARUNE	
STREET ADDRESS	4920 LAKE WOODBOURNE DR.	
CITY-ST-ZIP	JACKSONVILLE 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	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Clark	
1.3 STREET ADDRESS	2931 Alonso Rd	
1.4 CITY-ST-ZIP	Jacksonville, FL 32216	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Randy McCarty	
2.3 STREET ADDRESS	15585 Tison Rd	
2.4 CITY-ST-ZIP	Jacksonville, FL 32218	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles Clarke	
3.3 STREET ADDRESS	9220 Inverrary Cr	
3.4 CITY-ST-ZIP	Jacksonville, FL 32256	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Frank Peterson	
4.3 STREET ADDRESS	9224 Inverrary Cr	
4.4 CITY-ST-ZIP	Jacksonville, FL 32256	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Charles Clarke* Charles Clarke 3/1/98 904 636-0597