

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# 766171

Entity Name: GATOR BOWMEN INC.

Current Principal Place of Business:

GATOR BOWMEN INC.
1710 SW 76TH TERR
GAINESVILLE, FL 326073418 US

New Principal Place of Business:

Current Mailing Address:

GATOR BOWMEN, INC
1710 SW 76TH TERR
GAINESVILLE, FL 326073418 US

New Mailing Address:

FEI Number: 59-0247526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, TIMOTHY O.
1710 SW 76 TERR
GAINESVILLE, FL 326073418 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: AUSTIN, TIMOTHY O.,
Address: 1710 SW 76TH TERR
City-St-Zip: GAINESVILLE, FL 32607 AL

Title: D () Delete
Name: DOBSON, EDWARD
Address: 18808 N W CR 239
City-St-Zip: ALACHUA, FL 32615 AL

Title: D () Delete
Name: BERGENROTH, KEVIN
Address: 23405 N W 195TH DR
City-St-Zip: HIGH SPRINGS, FL 32643 AL

Title: VD () Delete
Name: MURPHY, RUPERT L II
Address: 4330 NW 93 AVE.
City-St-Zip: GAINESVILLE, FL 326531060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY O AUSTIN

PSTD

02/08/2008

Electronic Signature of Signing Officer or Director

_____ Date