

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 715100

1. Entity Name
GAINESVILLE OFFSHORE FISHING CLUB, INC.



Principal Place of Business

**2101 NW 39TH AVE
GAINESVILLE, FL 32605 US**

Mailing Address

**4300 NW 23RD AVE, STE. 123
GAINESVILLE, FL 32606**

DO NOT WRITE IN THIS SPACE



02122006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-6561332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABRIL, DAVE
8920 S.W. 111TH TERRACE
GAINESVILLE, FL 32608**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

02/24/06-80053-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RUSS, ROY
2027 NORTHWEST 27 TERRACE
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
THOMPSON, TOMMY
24-A NW 33RD COURT
GAINESVILLE, FL 32607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KIEL, BRIAN
8228 SW 42ND AVENUE
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRAPO, ED
17722 S.E. 59TH ST
MIDANOPY, FL 32667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIDSON, RICK
2221 NORTHWEST 28 STREET
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COURTNEY, CHARLES
9216 S.W. 19TH AVE
GAINESVILLE, FL 32607**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

EDWARD A. CRAPO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/06 352 338 3204
Date Daytime Phone #