2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 718647

1. Entity Name
GATOR BOOSTERS, INC.

Principal Place of Business	Mailing Address
NORTH ENDZONE - GALE LEMERAND DRIVE 2ND FLOOR GAINESVILLE, FL 32611 US	NORTH ENDZONE - GALE LEMERAND DRIVE 2ND FLOOR GAINESVILLE, FL 32611 US

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03282006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0737883
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, JOHN W JR
2ND FL, NORTH ENDZONE, GALE LEMERAND DR
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611

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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 _____ 4/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, HJALMA
STREET ADDRESS	P.O. BOX 1075
CITY-ST-ZIP	DADE CITY, FL 33526
TITLE	PE
NAME	DIZNEY, DON
STREET ADDRESS	P.O. BOX 1100
CITY-ST-ZIP	WINDERMERE, FL 347861100
TITLE	D
NAME	CRISER, MARSHALL M III
STREET ADDRESS	3754 BOBBIN BROOK CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	BRYAN, CHRIS
STREET ADDRESS	2006 SUNRISE DRIVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	WHITAKER, SCOTT
STREET ADDRESS	4653 SW 105TH DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D
NAME	JAMES, JOHN JR
STREET ADDRESS	13108 NE 69TH AVENUE
CITY-ST-ZIP	MELROSE, FL 32666

U00000501011
04/25/06-80044-019 70.00

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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: _____ 4/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #