

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718647

FILED
Apr 28, 2009
Secretary of State

Entity Name: GATOR BOOSTERS, INC.

Current Principal Place of Business:

NORTH ENDZONE - GALE
LEMERAND DRIVE 2ND FLOOR
GAINESVILLE, FL 32611 US

New Principal Place of Business:

Current Mailing Address:

NORTH ENDZONE - GALE
LEMERAND DRIVE 2ND FLOOR
GAINESVILLE, FL 32611 US

New Mailing Address:

FEI Number: 59-0737883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAMES, JOHN W JR
2ND FL, NORTH ENDZONE, GALE LEMERAND DR
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 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: P () Delete
Name: PRESSLY, JAMIE
Address: 133 SEASPRAY AVE
City-St-Zip: PALM BEACH, FL 33480

Title: PE () Delete
Name: BRYAN, CHRIS
Address: 2006 SUNRISE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: CRISER, MARSHALL M III
Address: 3754 BOBBIN BROOK CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: HARRIS, STAMPY
Address: 1201 E ROBINSON ST
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: WHITAKER, SCOTT
Address: 4653 SW 105TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: JAMES, JOHN JR
Address: 13108 NE 69TH AVENUE
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PRESSLY, JAMIE
Address: 133 SEASPRAY AVE
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Change () Addition
Name: BRYAN, CHRIS
Address: 2006 SUNRISE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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

Title: P (X) Change () Addition
Name: HARRIS, STAMPY
Address: 1201 E ROBINSON ST
City-St-Zip: ORLANDO, FL 32801

Title: PE (X) Change () Addition
Name: SMITH, KELLY
Address: PO BOX 2254
City-St-Zip: ORLANDO, FL 32802

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: JOHN W. JAMES, JR.

D

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date