

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90071 019 ****70.00

DOCUMENT # 728395

1. Entity Name

GATOR SKEET AND TRAP CLUB, INC.



Principal Place of Business

**5202 NE 46TH AVE
GAINESVILLE FL 32609-1614**

Mailing Address

**5202 NE 46TH AVE
GAINESVILLE FL 32609-1614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7068407

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETTENGILL, JAMES E
2015 NW 19TH LANE
GAINESVILLE FL 32605**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT	
STREET ADDRESS	2817 NW 31ST AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRLUCZEK, JOHN P	
STREET ADDRESS	5528 NW 45TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606-4388	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KRUCZEK, JOHN P	
STREET ADDRESS	5528 NW 45TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WYSDEK, KAREN	
STREET ADDRESS	2901 SW 41ST ST APT 3616	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICHARDSON, SCOTT	
STREET ADDRESS	PO BOX 404	
CITY-ST-ZIP	EVINSTON FL 32633	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Robert	
STREET ADDRESS	2817 NW 31st Ave	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kruczek, John P.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dietrich, Dean	
STREET ADDRESS	PO BOX 502	
CITY-ST-ZIP	White Springs, FL 32096	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John P Kruczek Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2005 352377-4268
Date Daytime Phone #