

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90028 031 ****70.00

DOCUMENT # 730915	
1. Entity Name FLORIDA STATE WINNIE GATORS, INC.	



Principal Place of Business 6141 KINLOCK AVE SPRING HILL, FL 34608-1287 US	Mailing Address 6141 KINLOCK AVE SPRING HILL, FL 34608-1287 US
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40045244



2. Principal Place of Business - No P.O. Box # 2134 EVEREST PARKWAY Suite, Apt. #, etc. CAPE CORAL, FL	3. Mailing Address 2134 EVEREST PARKWAY Suite, Apt. #, etc. CAPE CORAL, FL
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33904	Country USA

03122008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0426845	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YETTER, DONALD W 1111 9TH AVE WEST STE B BRADENTON, FL 34205	
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7. Name and Address of New Registered Agent	
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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUZZOLO, LINDA 384 MOTORCOACH DR POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP DRAPEAU, MARCEL 5199 SHORELINE DR POLK CITY, FL 33868 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP MAENNER, LOUISE 120 NORTH RICKLYNN AVE. LAKE ALFRED, FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD VANAMAN, EUGENE P.O. BOX 3155 DUNNELLON, FL 344303155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP SPILLER, CLIFF P O BOX 2428, PMB 6752 PENSACOLA, FL 32513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, GENG 13396 CLARENCE LANE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUSCH, CHARLENE 1094 MOTORCOACH DR POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMITTAEH, BARBARA 6141 KINLOCK AVE SPRING HILL, FL 346081287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, JERRY 2134 EVEREST PARKWAY CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Jerry Miller JERRY MILLER, TREASURER 3/12/2008 239.574.2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #