

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739366 (3)

1. Corporation Name

GATOR DUGOUT CLUB, INC.



Principal Place of Business

Mailing Address

P O BOX 12833
GAINESVILLE FL 32604

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GAINESVILLE FL 32604

3. Date Incorporated or Qualified

06/15/1977

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2567984

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RITCH, FRANKLIN
1418 NW SIXTH STREET
GAINESVILLE FL 32601

81 Name

Valerie Taylor

82 Street Address (P.O. Box Number is Not Applicable)

14423 NW 118 Ave.

83

84 City

Alachua

FL

85 Zip Code

32615

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Valerie Taylor

Valerie Taylor

4/22/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, ABBIE E	
STREET ADDRESS	1724 NW 32ND PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GWINN, ELLEN	
STREET ADDRESS	1525 NW 91ST TERR	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMSON, MARY	
STREET ADDRESS	6908 S.W. 93 AVE.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, ROY	
STREET ADDRESS	4829 SW 83RD TERR	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Valerie Taylor	
1.3 STREET ADDRESS	14423 NW 118 Ave.	
1.4 CITY - ST - ZIP	Alachua, FL 32615	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vicki Fooks	
2.3 STREET ADDRESS	3511 NW 19th Place	
2.4 CITY - ST - ZIP	Gainesville, FL 32605	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Valerie Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

4/22/96 (904) 462-4001
Date Day/Time Phone #

CR2E037 (12/95)