

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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95 APR -6 AM 6:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 748236 (7)**

1. Corporation Name

**THE UNIVERSITY OF FLORIDA GATOR CLUB OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

C/O WALT COURTNEY  
POST OFFICE BOX 47018  
JACKSONVILLE FL 32247

C/O WALT COURTNEY  
POST OFFICE BOX 47018  
JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/27/1979** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2142631** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc

26 State, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25 29 30

9. Name and Address of Current Registered Agent

**MATTHEWS, DONALD  
7952 NORMANDY BLVD  
JACKSONVILLE FL 32221**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **MCMILLAN, JUDY**  
STREET ADDRESS **10200 BELLE RIVE, APT. 20**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

1.1 TITLE **VD**  
1.2 NAME **CAROLINE JAMES**  
1.3 STREET ADDRESS **2528 WEDGEFIELD BLVD**  
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32211**  Change  Addition

TITLE **VD**  
NAME **COLEMAN, RONNIE**  
STREET ADDRESS **2055 CORNELL ROAD**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D**  
NAME **COURTNEY, WALT**  
STREET ADDRESS **10726 PARLIAMENT PL**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D**  
NAME **WATERS, GINNY**  
STREET ADDRESS **8133 VILLAGE GATE COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **SD**  
NAME **DRIGGERS, CATHERINE**  
STREET ADDRESS **4343 MELROSE AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

5.1 TITLE **SD**  
5.2 NAME **DRIGGERS, CATHERINE**  
5.3 STREET ADDRESS **8306 COPPERFIELD CR. W.**  
5.4 CITY-ST-ZIP **JACKSONVILLE, FL 32244**  Change  Addition

TITLE **TD**  
NAME **DRIGGERS, OLEN S**  
STREET ADDRESS **4343 MELROSE AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

6.1 TITLE **TD**  
6.2 NAME **DRIGGERS, OLEN S.**  
6.3 STREET ADDRESS **8306 COPPERFIELD CR. W.**  
6.4 CITY-ST-ZIP **JACKSONVILLE, FL 32244**  Change  Addition

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 110.07(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: *Catherine Driggers, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**Catherine Driggers**

Date: **(904) 573-7704**  
Date the Report is