

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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**

3. Date Incorporated or Qualified  
**07/27/1979**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

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

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 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

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

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

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

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

TITLE **SD** ☐ DELETE  
NAME **DRIGGERS, CATHERINE**  
STREET ADDRESS **8306 COPPERFIELD CR W**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☐ DELETE  
NAME **DRIGGERS, OLEN S.**  
STREET ADDRESS **8306 COPPERFIELD CR W**  
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition  
1.2 NAME **KAREN HERDA**  
1.3 STREET ADDRESS **9917 MOORINGS DR.**  
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

3.1 TITLE **PD** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-96**  
Date

**(904) 573-7704**  
Daytime Phone #

CR2E037 (12/95)