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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32247C/O WALT COURTNEY
POST OFFICE BOX 47018
JACKSONVILLE FL 32247-70183. Date Incorporated or Qualified
07/27/19793a. Date of Last Report
04/05/19964. FEI Number
59-2142631Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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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 VD ☒ DELETE
NAME KAREN HERDA
STREET ADDRESS 9917 MOORINGS DR
CITY-ST-ZIP JACKSONVILLE FLTITLE VD ☒ DELETE
NAME COLEMAN, RONNIE
STREET ADDRESS 2055 CORNELL ROAD
CITY-ST-ZIP MIDDLEBURG FL 32088TITLE PD ☐ DELETE
NAME COURTNEY, WALT
STREET ADDRESS 10726 PARLIAMENT PL
CITY-ST-ZIP JACKSONVILLE FLTITLE D ☐ DELETE
NAME WATERS, GINNY
STREET ADDRESS 8133 VILLAGE GATE COURT
CITY-ST-ZIP JACKSONVILLE FL 32217TITLE SD ☐ DELETE
NAME DRIGGERS, CATHERINE
STREET ADDRESS 8306 COPPERFIELD CR W
CITY-ST-ZIP JACKSONVILLE FLTITLE 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 AMY BROWN
1.3 STREET ADDRESS 4852 PRINCESS ANNE LN
1.4 CITY-ST-ZIP JACKSONVILLE FL 322102.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME RICK LOPEZ
2.3 STREET ADDRESS Box 23, HWY 301 "NA"
2.4 CITY-ST-ZIP BRYCEVILLE FL 320093.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP zip 322574.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP zip 322446.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP zip 32244

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine Driggers

Date 3/4/97 (904) 573-7704

CR2E037 (9/96)