

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748236 (7)
 1. Corporation Name
THE UNIVERSITY OF FLORIDA GATOR CLUB OF JACKSONVILLE, INC.



Principal Place of Business C/O WALT COURTNEY POST OFFICE BOX 47018 JACKSONVILLE FL 32247	Mailing Address C/O WALT COURTNEY POST OFFICE BOX 47018 JACKSONVILLE FL 32247
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3. Date Incorporated or Qualified 07/27/1979	
4. FEI Number 59-2142631	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MATTHEWS, DONALD 7952 NORMANDY BLVD JACKSONVILLE FL 32221	
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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	
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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 Donald Matthews (NOTE: Registered Agent signature required when reinstating) DATE 1-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, AMY	1.2 NAME	
STREET ADDRESS	4052 PRINCESS ANNE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, RICK	2.2 NAME	
STREET ADDRESS	BOX 23 HIGHWAY 301 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRYCEVILLE FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTNEY, WALT	3.2 NAME	
STREET ADDRESS	10728 PARLIAMENT PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, GINNY	4.2 NAME	
STREET ADDRESS	8133 VILLAGE GATE COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32217	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIGGERS, CATHERINE	5.2 NAME	TD
STREET ADDRESS	8306 COPPERFIELD CR W	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIGGERS, OLEN S.	6.2 NAME	D
STREET ADDRESS	8306 COPPERFIELD CR W	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	

14. I 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 T. Driggers CATHERINE T. DRIGGERS Treas. 1/28/98 904-573-7104

CR2E037 (10/97)