

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
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DOCUMENT # 749281 (2)

1. Corporation Name

NORTHEAST FLORIDA GATOR DODGERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 56495
JACKSONVILLE FL 32241-6495
US

P.O. BOX 56495
JACKSONVILLE FL 32241-6495
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 P.O. BOX 56495		26 P.O. BOX 56495		10/12/1979		05/01/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 JACKSONVILLE FL		28 JACKSONVILLE FL		59-2367656		Not Applicable	
24 32241-6495		29 32241-6495		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 US		30 US		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MCCARTY, RANDY
15585 TILSON ROAD
JACKSONVILLE FL 32218

81 Name MARK A. GREEN
82 Street Address (P.O. Box Number Not Acceptable) 6215 MERCER CIR. EAST
83
84 City JACKSONVILLE FL 85 Zip Code 32217

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

Mark A. Green

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDD	1.1 TITLE	PDD
NAME	MCCARTY, RANDY	1.2 NAME	GREEN, MARK A.
STREET ADDRESS	15585 TILSON ROAD	1.3 STREET ADDRESS	6215 MERCER CIR. EAST
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	VD	2.1 TITLE	VD
NAME	SWANEY, WAYNE	2.2 NAME	MIKE OGLORIA
STREET ADDRESS	1382 BROOKWOOD FOREST BLVD	2.3 STREET ADDRESS	1300 SHETTER AVE. LOT 104
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
TITLE	SD	3.1 TITLE	SD
NAME	HASTINGS, JOEL	3.2 NAME	HASTINGS, JOEL
STREET ADDRESS	2843 BISHOP ESTATES RD	3.3 STREET ADDRESS	1815 SCOTT RD
CITY-ST-ZIP	JACKSONVILLE FL 32259	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32259
TITLE	TD	4.1 TITLE	TD
NAME	GREEN, CAROLE	4.2 NAME	HINES, MARVIN E.
STREET ADDRESS	6215 MERCER CIRCLE EAST	4.3 STREET ADDRESS	4320 LAKE WOODBOURNE DR.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Mark A. Green MARK A. GREEN

3-7-96 904-624400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (12/95)