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Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749281

1. Corporation Name

Northeast Florida Gator Dodgers, Inc.

Principal Place of Business Mailing Address
PO Box 56495
Jacksonville, FL 32241-6495

3. Date Incorporated or Qualified **10/12/79** 3a. Date of Last Report **6/19/96**

2. Principal Place of Business 483 Cody Dr.	2a. Mailing Address 483 Cody Dr.	4. FEI Number 59-2367656	Applied For <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State Orange Park, FL	27. City & State Orange Park, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip 32073 Country USA	28. Zip 32073 Country USA	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. <input type="checkbox"/>	29. <input type="checkbox"/>	30. <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

Mark A. Green
6215 Mercer Cir., E.
Jacksonville, FL 32217

10. Name and Address of New Registered Agent

81. Name **A.T. Wright**
82. Street Address (P.O. Box Number is Not Acceptable)
483 Cody Dr.
83.
84. City **Orange Park, FL** 85. Zip Code **32073**

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 *A.T. Wright* **A.T. Wright, President** **7-4-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark A. Green	1.2 NAME	A.T. Wright
STREET ADDRESS	6215 Mercer Cir., E.	1.3 STREET ADDRESS	483 Cody Dr.
CITY-ST-ZIP	Jacksonville, FL 32217	1.4 CITY-ST-ZIP	Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Digloria	2.2 NAME	William Clark
STREET ADDRESS	1300 Shetter Ave., Lot 104	2.3 STREET ADDRESS	2931 Alonso Rd.
CITY-ST-ZIP	Jacksonville Beach, FL 32250	2.4 CITY-ST-ZIP	Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Secretary <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel Hastings	3.2 NAME	Janet Smith
STREET ADDRESS	1815 Scott Rd.	3.3 STREET ADDRESS	8811 India Ave.
CITY-ST-ZIP	Jacksonville, FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32211 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marune Hines	4.2 NAME	
STREET ADDRESS	4320 Lake Woodbourne Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32217 <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *A.T. Wright* **A.T. Wright** **7-4-97** **904 272 9222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)