

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753543

FILED
Jan 14, 2009
Secretary of State

Entity Name: GATOR GOLF BOOSTERS, INC.

Current Principal Place of Business:

222 NE 1ST STREET
GAINESVILLE, FL 326020965 US

New Principal Place of Business:

Current Mailing Address:

C/O J. HANDLEY
P. O. BOX 23999
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-2092726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GADD, MACK
111 SE 1ST AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BYRNE, PATRICK
Address: 3510 NW 54TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: TD () Delete
Name: HANDLEY, JERRY,
Address: 222 NE 1ST ST
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: ALMOND, GARY
Address: PO BOX 1045
City-St-Zip: GAINESVILLE, FL 32602

Title: D () Delete
Name: GADD, MACK
Address: 111 SE 1ST AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: CURRIE, DON
Address: 1112 NW 58TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CURRIE, DAN
Address: 1112 NW 58TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Change (X) Addition
Name: BRANCH, MARC N
Address: 4333 S.W. 78TH STREET
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY HANDLEY

TD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date