

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759015 (1)**

1. Corporation Name  
**MARION COUNTY GATOR CLUB, INC.**



Principal Place of Business 1243 SE 22ND AVE. Ocala FL 34471 US	Mailing Address 1243 SE 22ND AVE. Ocala FL 34471-2661 US
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2961884	3. Date Incorporated or Qualified 06/30/1981	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**YOUNG, JR., DAVID A.**  
**131 S.W. 15TH STREET**  
**OCALA FL 34471**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GRUBBS, RODDY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4557 SE 2ND PL	1.2 NAME	
STREET ADDRESS	OCALA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MCCALL, WAYNE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5380 SE 18TH LANE	2.2 NAME	
STREET ADDRESS	OCALA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P YOUNG, DAVID	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1243 SE 22ND AVE.	3.2 NAME	
STREET ADDRESS	OCALA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MCCOUN, CHRIS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1512 SE 17TH AVE	4.2 NAME	
STREET ADDRESS	OCALA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MCCALL, BILL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 NE 41ST AVE.	5.2 NAME	
STREET ADDRESS	OCALA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ELY, STEVE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3943 SE 17TH ST	6.2 NAME	
STREET ADDRESS	OCALA FL	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 *David A. Young, Jr.* PRESIDENT

CF2E037 (9/96)