

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766171

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: GATOR BOWMEN INC.

**Current Principal Place of Business:**

GATOR BOWMEN INC.  
1710 SW 76TH TERR  
GAINESVILLE, FL 326073418 US

**New Principal Place of Business:**

**Current Mailing Address:**

GATOR BOWMEN, INC  
1710 SW 76TH TERR  
GAINESVILLE, FL 326073418 US

**New Mailing Address:**

FEI Number: 59-0247526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AUSTIN, TIMOTHY O.  
1710 SW 76 TERR  
GAINESVILLE, FL 326073418 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: PSTD ( ) Delete  
Name: AUSTIN, TIMOTHY O.,  
Address: 1710 SW 76TH TERR  
City-St-Zip: GAINESVILLE, FL 32607 AL

Title: D ( ) Delete  
Name: DOBSON, EDWARD  
Address: 18808 N W CR 239  
City-St-Zip: ALACHUA, FL 32615 AL

Title: D ( ) Delete  
Name: BERGENROTH, KEVIN  
Address: 23405 N W 195TH DR  
City-St-Zip: HIGH SPRINGS, FL 32643 AL

Title: VD ( ) Delete  
Name: MURPHY, RUPERT L II  
Address: 4330 NW 93 AVE.  
City-St-Zip: GAINESVILLE, FL 326531060

**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:

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: TIMOTHY O. AUSTIN

PSTD

03/28/2009

Electronic Signature of Signing Officer or Director

Date