


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90235 011 ****61.25

DOCUMENT # N00000004609 1. Entity Name FLORIDA GATOR SPLASH CLUB, INC.			
Principal Place of Business 5022 NW 76TH LANE GAINESVILLE, FL 32653		Mailing Address 5022 NW 76TH LANE GAINESVILLE, FL 32653	
2. Principal Place of Business - No P.O. Box # <u>100 State Road 26</u>		3. Mailing Address <u>P.O. Box 1069.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Melrose, FL 32666</u>		City & State <u>Melrose, FL</u>	
Zip <u>32666</u>		Zip <u>32666</u>	
Country		Country	
6. Name and Address of Current Registered Agent AHRENS, RICHARD 1461 KINETIC ROAD WEST PALM BEACH, FL 33403		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>x Richard Ahrens</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JEFF 100 STATE ROAD 26 MELROSE, FL 326661069	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1069 Melrose, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FAGLER, CHAUNCEY 6219 NW 16TH PLACE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2306 N.W. 63rd Terrace Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIS, JANET 24906 BAYWALK DRIVE SPRING, TX 77389	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD JO ANN MARZEK 3026 South Shore Circle Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AHRENS, RICHARD 1464 KINETIC RD LAKE PARK, FL 33403	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>x Richard Ahrens</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	