

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90409 018 \*\*\*\*61.25

**DOCUMENT # N00000004609**

1. Entity Name

FLORIDA GATOR SPLASH CLUB, INC.



Principal Place of Business

100 STATE RD 26  
MELROSE, FL 32666

Mailing Address

PO BOX 1069  
MELROSE, FL 32666

**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3653445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AHRENS, RICHARD  
1461 KINETIC ROAD  
WEST PALM BEACH, FL 33403

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SMITH, JEFF  
STREET ADDRESS PO BOX 1069  
CITY-ST-ZIP MELROSE, FL 326661069

TITLE VPD  
NAME FAGLER, CHAUNCEY  
STREET ADDRESS 2306 NW 63RD TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE SD  
NAME MARZEK, JOANN  
STREET ADDRESS 3026 SOUTH SHOVE CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE TD  
NAME AHRENS, RICHARD  
STREET ADDRESS 1464 KINETIC RD  
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Ahrens 4/21/08 561-863-9004

Date

Day/Time Phone #