

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # N03000001345

1. Entity Name

CLAY COUNTY GATOR NATION, INC.



02-04-2004 90046 045 \*\*\*\*70.00

Principal Place of Business

2930 GREENRIDGE RD  
ORANGE PARK FL 32073

Mailing Address

2930 GREENRIDGE RD  
ORANGE PARK FL 32073

54003524



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

P.O. Box 2011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Orange Park, FLORIDA

4. FEI Number

30-0152033

Applied For

Not Applicable

Zip

Country

Zip  
32067

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, BETTY B  
2930 GREENRIDGE RD  
ORANGE PARK FL 32073

Name

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

City

FL

Zip Code

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

*Betty B. Anderson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	ANDERSEN, BETTY	<input type="checkbox"/> Delete
NAME		2930 GREENRIDGE RD	
STREET ADDRESS		ORANGE PARK FL 32073	
CITY-ST-ZIP			
TITLE	D	MANNING, DEBRA	<input checked="" type="checkbox"/> Delete
NAME		1267 PEABODY DR	
STREET ADDRESS		JACKSONVILLE FL 32221	
CITY-ST-ZIP			
TITLE	D	MOSMAN, PAT	<input checked="" type="checkbox"/> Delete
NAME		3803 COLLINS RD	
STREET ADDRESS		ORANGE PARK FL 32073	
CITY-ST-ZIP			
TITLE	D	PHILLIPS, LAMORA	<input checked="" type="checkbox"/> Delete
NAME		1755 DOCKSIDE DR	
STREET ADDRESS		ORANGE PARK FL	
CITY-ST-ZIP			
TITLE	D	REGAN, GENE	<input checked="" type="checkbox"/> Delete
NAME		2670 CR 220	
STREET ADDRESS		MIDDLEBERG FL	
CITY-ST-ZIP			
TITLE	D	ROLL, RICHARD	<input type="checkbox"/> Delete
NAME		3040 MAGNOLIA RD S	
STREET ADDRESS		ORANGE PARK FL 32065	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	BOARD MBR	DEGE, KRISTINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		8005 Jaguar Drive	
STREET ADDRESS		Jacksonville, FL 32244	
CITY-ST-ZIP			
TITLE	BOARD MBR	COLEMAN, RONNIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2055 Cornell Rd	
STREET ADDRESS		Middleburg, FL 32068	
CITY-ST-ZIP			
TITLE	BOARD MBR	HUDSON, MARK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2668 Foxwood Rds	
STREET ADDRESS		Orange Park, FL 32073	
CITY-ST-ZIP			
TITLE	BOARD MBR	Seffens, Janet	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2912 Trenton Ct	
STREET ADDRESS		Orange Park, FL 32073	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I 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 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:

*Betty B. Anderson*

Betty B. Anderson

1/24/04

904-264-8346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #