2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005
Secretary of State

DOCUMENT# N03000006767

Entity Name: PUTNAM COUNTY GATOR FANS, INC.

Current Principal Place of Business:

PO BOX 1774
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 1774
PALATKA, FL 32177

New Mailing Address:

FEI Number: 20-1060564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOD, GARRY
417 ST JOHNS AVE
PALATKA, FL 32177 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: P ( ) Delete
Name: HUFF, WALLY
Address: 126 WHISPERING WINDS RD.
City-St-Zip: PALATKA, FL 32177 US

Title: VP ( ) Delete
Name: PARRISH, LULU GAIL
Address: 144 OAKLAND AVE.
City-St-Zip: SAN MATEO, FL 32187 US

Title: T ( ) Delete
Name: CORMENY, TERRY
Address: 117 LATESHA TERRACE
City-St-Zip: PALATKA, FL 32177 US

Title: S ( ) Delete
Name: SLOAN, JULIE
Address: 2601 FAIRWAY DR.
City-St-Zip: PALATKA, FL 32177 US

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 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 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: WALLY HUFF P 07/19/2005
Electronic Signature of Signing Officer or Director — Date