


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

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90080 032 \*\*\*\*70.00

<b>DOCUMENT # N04476</b>			
<b>1. Entity Name</b> THE UNIVERSITY OF FLORIDA TAYLOR COUNTY GATOR CLUB, INC.			
<b>Principal Place of Business</b> C/O FRED W. OGILVIE 207 DOGWOOD LANE PERRY FL 32348		<b>Mailing Address</b> C/O FRED W. OGILVIE 207 DOGWOOD LANE PERRY FL 32348	
<b>2. Principal Place of Business</b> C/O Fred W Ogilvie Suite, Apt. #, etc. 207 Dogwood Way City & State Perry, FL Zip 32348 Country USA		<b>3. Mailing Address</b> % Fred W Ogilvie Suite, Apt. #, etc. 207 Dogwood Way City & State Perry, FL Zip 32348 Country USA	
<b>6. Name and Address of Current Registered Agent</b> OGILVIE, FRED W. 207 DOGWOOD WAY PERRY FL 32348		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



MOORE CR2E037 (11/03)

**4. FEI Number** 59-2961747 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**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:** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE:** \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D <b>NAME</b> BURNS, JOE P <b>STREET ADDRESS</b> 530 EAST ASH ST <b>CITY-ST-ZIP</b> PERRY FL 32347	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> OGILVIE, FRED W <b>STREET ADDRESS</b> 207 DOGWOOD WAY <b>CITY-ST-ZIP</b> PERRY FL 32348	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> RAULERSON, JEANNE <b>STREET ADDRESS</b> 2675 BAXTER RD. <b>CITY-ST-ZIP</b> PERRY FL 32348	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> CULBREATH, BETTY <b>STREET ADDRESS</b> 103 CREST DRIVE <b>CITY-ST-ZIP</b> PERRY FL 32348	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> RUFF, MACK J <b>STREET ADDRESS</b> 2128 FERNS ST <b>CITY-ST-ZIP</b> PERRY FL 32347	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD <b>NAME</b> MORROW, TOM <b>STREET ADDRESS</b> 9321 ALTON WENTWORTH RD <b>CITY-ST-ZIP</b> GREENVILLE FL 32331	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Fred W Ogilvie **4/24/04** **(850) 584-4308**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

#N04476

THE UNIVERSITY OF FLORIDA TAYLOR COUNTY GATOR CLUB

LISTING OF ADDITIONAL OFFICERS AND DIRECTORS

2004 REPORT

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
D	Burns, Barbara	530 East Ash St. Perry Fl 32347
D	Childs, Robert R.	116 Pine Tree Rd. Perry Fl 32348
V/D	Herndon, Randy	410 Worley Way Perry Fl 32347
D	Kinsey, Jo	2416 Shelton Edwards Rd. Perry Fl 32348
D	Sadler, Willie Joe	Rt. 1, Box 390 Golf Course Rd. Perry Fl 32348
D	Smith, Al	431 W. Hampton Springs Ave. Perry Fl 32348
V/D	Woodell, Marjorie	136 Palmetto Street Perry Fl 32348