


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90163 022 \*\*\*\*70.00

<b>DOCUMENT # N04476</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 WAY PERRY, FL 32348</b>			Mailing Address <b>C/O FRED W. OGILVIE 207 DOGWOOD WAY PERRY, FL 32348</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2961747</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>OGILVIE, FRED W. 207 DOGWOOD WAY PERRY, FL 32348</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURNS, JOE P 530 EAST ASH ST PERRY, FL 32347</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD OGILVIE, FRED W 207 DOGWOOD WAY PERRY, FL 32348</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD RAULERSON, JEANNE 2675 BAXTER RD. PERRY, FL 32348</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CULBREATH, BETTY 103 CREST DR PERRY, FL 32348</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUFF, MACK J 2128 FERNS ST PERRY, FL 32347</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CULBREATH, ERIC 103 CREST DR PERRY, FL 32348</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Burns, Barbara 530 East Ash St. Perry, Fla 32347</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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.					
<b>SIGNATURE: Fred W Ogilvie Fred W Ogilvie 4/21/07 850-584-4308</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40079779  
#1104476

THE UNIVERSITY OF FLORIDA TAYLOR COUNTY GATOR CLUB  
LISTING OF ADDITIONAL OFFICERS AND DIRECTORS  
2007 REPORT

TITLE	NAME	ADDRESS
D	Childs, Robert R.	116 Pine Tree Rd. Perry, Fl 32348
D	Kinsey, Jo	2416 Shelton Edwards Rd. Perry, Fl 32348
D	Smith, Al	2219 Golf Course Rd. Perry, Fl 32348
V/D	Woodell, Marjorie	136 Palmetto Street Perry, Fl 32348
D	Woodford, Christell	1572 Pine Crest Street Perry, Fl 32347