

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006008

FILED
Jun 26, 2009
Secretary of State

Entity Name: ALLIGATOR ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

1105 W UNIVERSITY AVE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

PO BOX 14249
GAINESVILLE, FL 326042249

New Mailing Address:

FEI Number: 26-2163107 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:

BARBER, CHARLES E
1105 W UNIVERSITY AVE
GAINESVILLE, FL 32605 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: CDP () Delete
Name: BARBER, C.E.
Address: PO BOX 14249
City-St-Zip: GAINESVILLE, FL 326042249

Title: DSVP () Delete
Name: CHANCE, JEAN C
Address: 5918 NW 158 ST
City-St-Zip: ALACHUA, FL 32615

Title: DTVP () Delete
Name: CAREY, PATRICIA E
Address: PO BOX 14257
City-St-Zip: GAINESVILLE, FL 326042257

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: POPE, MARGO
Address: 226 COQUINA AVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Change (X) Addition
Name: SACHS, RON
Address: 114 S DUVAL ST
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: C E BARBER

Electronic Signature of Signing Officer or Director

P

06/26/2009

_____ Date