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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10890 (4)

1. Corporation Name
THE UNIVERSITY OF FLORIDA CHIPOLA GATOR CLUB, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business: **3025 6TH STREET
706 6TH STREET
MARIANNA FL 32446
US**

Mailing Address: **3025 6TH STREET
706 6TH STREET
MARIANNA FL 32446
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip Country

3. Date Incorporated or Qualified: **08/28/1985**

3a. Date of Last Report: **08/18/1994**

4. FEI Number: **59-2990254**

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MILTON, JOHN V
3025 6TH STREET
MARIANNA FL 32446**

10. Name and Address of New Registered Agent

81 Name: **H. Matthew Flouca**

82 Street Address (P.O. Box Number is Not Acceptable): **4450 Lafayette St.**

83 P.O. Box: **854**

84 City: **Marianna**

85 Zip Code: **FL 32446**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **H. Matthew Flouca**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WIMBERLY REX
STREET ADDRESS	4421 SPRING VALLEY DRIVE
CITY-ST-ZIP	MARIANNA FL
TITLE	PED
NAME	DONOFRO, PAUL
STREET ADDRESS	310 N. CALEDONIA
CITY-ST-ZIP	MARIANNA FL
TITLE	VP
NAME	FLOUJA, H. MATTHEW
STREET ADDRESS	POST OFFICE 854 N/A
CITY-ST-ZIP	MARIANNA FL
TITLE	TD
NAME	ROOKS, CLAY
STREET ADDRESS	2438 FILMORE DRIVE
CITY-ST-ZIP	MARIANNA FL
TITLE	SEC
NAME	BARFIELD, TOMMY
STREET ADDRESS	4647 OAKS DRIVE
CITY-ST-ZIP	MARIANNA FL
TITLE	VPD
NAME	MUNCHIN, MALCOLM
STREET ADDRESS	ROUTE 5, BOX 6588 N/A
CITY-ST-ZIP	CHIPLEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **H. Matthew Flouca** **2-7-95** **904-526-2262**
Signature, typed or printed name of signing officer or director (Date) (Day/Time/Phone)