

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 4-17-96

3869

DOCUMENT # N10890

1. Corporation Name

(4)

THE UNIVERSITY OF FLORIDA CHIPOLA GATOR CLUB, IN
C.



Principal Place of Business

Mailing Address

3025 6TH STREET
705 6TH STREET
MARIANNA FL 32446
US

3025 6TH STREET
705 6TH STREET
MARIANNA FL 32446
US

3. Date Incorporated or Qualified
08/28/1985

3a. Date of Last Report
04/19/1995

4. FEI Number
59-2980254

Applied For
Not Applicable

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

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P. O. Box 854

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 Marianna, FL

24 Zip

Country

29 Zip

Country

25

Country

32447

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUQUA, H. M
4450 LAFAYETTE ST.
MARIANNA FL 32446

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
PD	Jeff Crawford	4657 Hwy 71	Malone, FL 32445
PED	Kenneth Anderson	3407 Old U. S. Road	Marianna, FL 32446
VP	Malcolm Minchin	Rt. 5, Box 6588	Chipley, FL 32428
T	Donna Rogers	P. O. Box 240	Malone, FL 32445
SEC	Julie Fuqua	2645 Daniels St.	Marianna, FL 32446
D	H. Matthew Fuqua	P. O. Box 854	Marianna, Florida 32447

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

Date

904-526-2263

Daytime Phone #

CR2E037 (12/95)