


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10890** (4)
 1. Corporation Name
THE UNIVERSITY OF FLORIDA CHIPOLA GATOR CLUB, IN C.



Principal Place of Business 3025 6TH STREET 705 6TH STREET MARIANNA FL 32446 US	Mailing Address P.O. BOX 854 MARIANNA FL 32447-0854 US
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3. Date Incorporated or Qualified 08/28/1985	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2980254	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FUQUA, H. M. 4450 LAFAYETTE ST. MARIANNA FL 32446	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF CRAWFORD	1.2 NAME	PD
STREET ADDRESS	4852 HWY 90	1.3 STREET ADDRESS	KENNETH ANDERSON
CITY - ST - ZIP	MALONE FL	1.4 CITY - ST - ZIP	3407 OLD U S ROAD
TITLE	PED <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH ANDERSON	2.2 NAME	PED
STREET ADDRESS	3407 OLD U S ROAD	2.3 STREET ADDRESS	MONICA PHILLIPS
CITY - ST - ZIP	MARIANNA FL	2.4 CITY - ST - ZIP	2966 DANIELS ST
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM MINCHIN	3.2 NAME	MARIANNA FL 32446
STREET ADDRESS	RT. 5 BOX 6588 - Falling Waters Rd.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHIPLEY FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA ROGERS	4.2 NAME	
STREET ADDRESS	P.O. BOX 240 - 5406 Highway 2	4.3 STREET ADDRESS	
CITY - ST - ZIP	MALONE FL	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE FUQUA	5.2 NAME	
STREET ADDRESS	2645 DANIELS ST. -	5.3 STREET ADDRESS	
CITY - ST - ZIP	MARIANNA FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. MATTHEW FUQUA	6.2 NAME	
STREET ADDRESS	P.O. BOX 854 - 2878 Magnolia Blossom Rd	6.3 STREET ADDRESS	
CITY - ST - ZIP	MARIANNA FL	6.4 CITY - ST - ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE: _____ REQUIRED _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 1-27-97 904-526-2263
 Date Daytime Phone 0010206

CR2E037 (9/96)