

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N10890** (4)

1. Corporation Name

**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**

**P.O. BOX 854
MARIANNA FL 32447
US**



3. Date Incorporated or Qualified

08/28/1985

4. FEI Number

59-2980254

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **PD**
NAME **ANDERSON, KENNETH**
STREET ADDRESS **3407 OLD US RD**
CITY-ST-ZIP **MARIANNA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **~~PD~~** ☒ DELETE
NAME **~~PHILLIPS, MONICA~~**
STREET ADDRESS **~~2906 DANIELS ST~~**
CITY-ST-ZIP **~~MARIANNA FL~~**

2.1 TITLE **PD**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

LELAND C THOMAS ☐ Change ☒ Addition
2953 DANIELS ST
MARIANNA, FL 32446

TITLE **VP** ☒ DELETE
NAME **BILL MCQUAGGE**
STREET ADDRESS **MALCOLM MINCHIN**
CITY-ST-ZIP **FALLING WATERS RD. 45**
CHIPLEY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

BILL MCQUAGGE ☐ Change ☒ Addition
4583 OAKWOOD DR
MARIANNA FL 32446

TITLE **T** ☐ DELETE
NAME **DONNA ROGERS**
STREET ADDRESS **5408 HIGHWAY 2**
CITY-ST-ZIP **MALONE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **S** ☐ DELETE
NAME **JULIE FUQUA**
STREET ADDRESS **~~3045 DANIELS ST.~~**
CITY-ST-ZIP **~~MARIANNA FL~~**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

3030 WATSON DR ☒ Change ☐ Addition
MARIANNA FL 32446

TITLE **D** ☐ DELETE
NAME **H. MATTHEW FUQUA**
STREET ADDRESS **2878 MAGNOLIA BLOSSOM RD.**
CITY-ST-ZIP **MARIANNA FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 on an attachment with an address.

SIGNATURE:

Kenneth Anderson

250 482 3439

CR2E037 (10/97)