

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: 3025 6TH STREET, 705 6TH STREET, MARIANNA FL 32446 US
Mailing Address: 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 (21-24) and 2a. Mailing Address (25-30) fields for City, State, Zip, and 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: FUQUA, H. M, 4450 LAFAYETTE ST., MARIANNA FL 32446

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ANDERSON, KENNETH	1.2 NAME	
STREET ADDRESS	3407 OLD US RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	
TITLE	PEP	2.1 TITLE	PEP
NAME	PHILLIPS, MONICA	2.2 NAME	LOLAND C THOMAS
STREET ADDRESS	2906 DANIELS ST	2.3 STREET ADDRESS	2953 DANIELS ST
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	VP	3.1 TITLE	
NAME	BILL MCQUAGGE	3.2 NAME	BILL MCQUAGGE
STREET ADDRESS	MALCOLM MINCHIN	3.3 STREET ADDRESS	4583 OAKWOOD DR
CITY-ST-ZIP	FALLING WATERS RD. 45	3.4 CITY-ST-ZIP	MARIANNA FL 32446
TITLE		4.1 TITLE	
NAME	DONNA ROGERS	4.2 NAME	
STREET ADDRESS	5406 HIGHWAY 2	4.3 STREET ADDRESS	
CITY-ST-ZIP	MALONE FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	JULIE FUQUA	5.2 NAME	
STREET ADDRESS	3045 DANIELS ST.	5.3 STREET ADDRESS	3030 WATSON DR
CITY-ST-ZIP	MARIANNA FL.	5.4 CITY-ST-ZIP	MARIANNA FL 32446
TITLE	D	6.1 TITLE	
NAME	H. MATTHEW FUQUA	6.2 NAME	
STREET ADDRESS	2878 MAGNOLIA BLOSSOM RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	6.4 CITY-ST-ZIP	

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*

350 482 3439

CR2E037 (10/97)