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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N10890

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

Principal Place of Business Mailing Address
 3025 6TH STREET P.O. BOX 854
 705 6TH STREET MARIANNA FL 32447
 MARIANNA FL 32446 US
 US



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
		26 P.O. Box 1508		08/28/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
		27		59-2980254	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		29	30	\$5.00 May Be Added to Fees	

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			

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	
PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ANDERSON, KENNETH		1.2 NAME	
3407 OLD US RD		1.3 STREET ADDRESS	
MARIANNA FL		1.4 CITY-ST-ZIP	
PED	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
THOMAS, LELAND C		2.2 NAME	P O Thomas, Leland C
2953 DANIELS ST		2.3 STREET ADDRESS	2953 Daniels St
MARIANNA FL 32446		2.4 CITY-ST-ZIP	Marianna, FL 32446
VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MCQUAGGE, BILL		3.2 NAME	
4583 OAKWOOD DR		3.3 STREET ADDRESS	
MARIANNA FL 32446		3.4 CITY-ST-ZIP	
T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DONNA ROGERS		4.2 NAME	
5406 HIGHWAY 2		4.3 STREET ADDRESS	
MALONE FL		4.4 CITY-ST-ZIP	
S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
JULIE FUQUA		5.2 NAME	Mrs. Bill McQuasse
3030 WATSON DR		5.3 STREET ADDRESS	4583 Oakwood Dr
MARIANNA FL 32446		5.4 CITY-ST-ZIP	Marianna, FL 32446
D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
H. MATTHEW FUQUA		6.2 NAME	
2878 MAGNOLIA BLOSSOM RD.		6.3 STREET ADDRESS	
MARIANNA FL		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **H. Matthew Fuqua** 5/14/99 850-526-2267
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)