2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# N24514

Entity Name: GATOR TIPOFF CLUB, INC.

Current Principal Place of Business:

PO BOX 14248
GAINESVILLE, FL 326042248

New Principal Place of Business:

Current Mailing Address:

PO BOX 14248
GAINESVILLE, FL 326042248

New Mailing Address:

FEI Number: 59-2870857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNSTEIN, STEPHEN
500 E. UNIVERSITY AVE STE E
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	JETER, KARIN	
Address:	2127 SW 122 ST	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	PP	( ) Delete
Name:	ROCHFORD, THOMAS	
Address:	8647 SW 42ND PLACE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	ST	( ) Delete
Name:	CLARK, LARRY	
Address:	827 NW 122ND TERRACE	
City-St-Zip:	NEWBERRY, FL 32669	
Title:	D	( ) Delete
Name:	ACKLEY, JUDY	
Address:	8610 SW 23 PL	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	P	( ) Delete
Name:	BERNSTEIN, STEPHEN	
Address:	P.O. BOX 1642	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	D	( ) Delete
Name:	STAUFFER, DAVID	
Address:	2737 SW 4TH PLACE	
City-St-Zip:	GAINESVILLE, FL 32607	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	CLARK, DR. LAWRENCE L SR.	
Address:	827 NW 122ND TERRACE	
City-St-Zip:	NEWBERRY, FL 32669 27	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LAWRENCE L. CLARK, SR. ST 02/03/2006

Electronic Signature of Signing Officer or Director — Date