

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90030 001 \*\*\*\*61.25

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| <b>DOCUMENT # N24514</b><br>1. Entity Name<br><b>GATOR TIPOFF CLUB, INC.</b>   |  |  |  |
| Principal Place of Business<br><b>827 NW 122ND TERRACE<br/>NEWBERRY, FL 32669</b>  |  | Mailing Address<br><b>PO BOX 14248<br/>GAINESVILLE, FL 32604-2248</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>13709 S.W. 4TH LANE</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><del>PO Box 14248</del><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>NEWBERRY, FLORIDA</b><br>Zip<br><b>32669</b>  |  | City & State<br><del>GAINESVILLE, FLORIDA</del><br>Zip<br><del>32604-2248</del>  |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>  |  |
| 4. FEI Number<br><b>59-2870857</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>JETER, KARIN L PRES<br/>2127 SW 122ND STREET<br/>GAINESVILLE, FL 32607</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>DAVID STAUFFER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3044 S.W. 70TH PLACE</b><br>City <b>GAINESVILLE</b> FL Zip Code <b>32608</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |  |  |
| SIGNATURE<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  | DATE <b>1/12/08</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>VP<br>NAME<br>STAUFFER, DAVID<br>STREET ADDRESS<br>3044 SW 70TH PLACE<br>CITY-ST-ZIP<br>GAINESVILLE, FL 32608   | <input type="checkbox"/> Delete            | TITLE<br>VP<br>NAME<br>JOHN WOESTE<br>STREET ADDRESS<br>4410 N.W. 16TH PLACE<br>CITY-ST-ZIP<br>GAINESVILLE, FL 32605   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>PP<br>NAME<br>BERNSTEIN, STEPHEN<br>STREET ADDRESS<br>2241 NW 11TH AVENUE<br>CITY-ST-ZIP<br>GAINESVILLE, FL 32605   | <input checked="" type="checkbox"/> Delete | TITLE<br>PP<br>NAME<br>KAREN L. JETER<br>STREET ADDRESS<br>2127 S.W. 122ND ST.<br>CITY-ST-ZIP<br>GAINESVILLE, FL 32607   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>ST<br>NAME<br>CLARK, DR. LAWRENCE L SR.<br>STREET ADDRESS<br>827 NW 122ND TERRACE<br>CITY-ST-ZIP<br>NEWBERRY, FL 32669  | <input checked="" type="checkbox"/> Delete | TITLE<br>SEC<br>NAME<br>STEVE HOBELMAN<br>STREET ADDRESS<br>6928 S.W. 24TH DR.<br>CITY-ST-ZIP<br>GAINESVILLE, FL 32608   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>D<br>NAME<br>ORR, SUZANNE<br>STREET ADDRESS<br>1623 NW 19TH CIRCLE<br>CITY-ST-ZIP<br>GAINESVILLE, FL 32605  | <input checked="" type="checkbox"/> Delete | TITLE<br>TRES<br>NAME<br>ROBERT SNYDER<br>STREET ADDRESS<br>13709 S.W. 4TH LANE<br>CITY-ST-ZIP<br>NEWBERRY, FL 32669   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>D<br>NAME<br>POLHILL, LEON<br>STREET ADDRESS<br>330 NW 45TH STREET<br>CITY-ST-ZIP<br>GAINESVILLE, FL 32607  | <input checked="" type="checkbox"/> Delete | TITLE<br>D<br>NAME<br>BILL SUMMERHILL<br>STREET ADDRESS<br>4001 S.W. 78TH ST.<br>CITY-ST-ZIP<br>GAINESVILLE, FL 32608  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>D<br>NAME<br>WOESTE, JOHN<br>STREET ADDRESS<br>4410 NW 16TH PLACE<br>CITY-ST-ZIP<br>GAINESVILLE, FL 32605   | <input type="checkbox"/> Delete            | TITLE<br>D<br>NAME<br>ROSA TRAVIS<br>STREET ADDRESS<br>8003 S.W. 5TH AVE<br>CITY-ST-ZIP<br>GAINESVILLE, FL 32607   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |
| SIGNATURE:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | DATE <b>1/12/08</b> <b>852-378-5041</b><br><small>Date Daytime Phone #</small>   |  |