

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90030 010 ****61.25

DOCUMENT # N25613

1. Entity Name
GATORNATIONALS BOOSTER CLUB OF GAINESVILLE,
FLORIDA, INC.



Principal Place of Business
313 SE 38TH STREET
GAINESVILLE, FL 32641

Mailing Address
PO BOX 13221
GAINESVILLE, FL 32604



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01022007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3268257

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABBOTT, NANCY L
313 SE 38 ST
GAINESVILLE, FL 32641

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Nancy L. Abbott TD

Nancy L. Abbott

1-3-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DD ☐ Delete
NAME ABBOTT, IRA G
STREET ADDRESS 318 SE 38TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE SD ☒ Delete
NAME GLISSON, YVETTE
STREET ADDRESS 514 SE 163 ST
CITY-ST-ZIP GAINESVILLE, FL 32640

TITLE TD ☐ Delete
NAME ABBOTT, NANCY L
STREET ADDRESS 313 SE 38 ST
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE VP ☒ Delete
NAME LOPEZ, CRAIG
STREET ADDRESS PO BOX 351
CITY-ST-ZIP STARKE, FL 32091

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME Thomas Stenftnagel
STREET ADDRESS 17128 NW 78th St.
CITY-ST-ZIP Alachua, Fl. 32615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME Richard Lucas
STREET ADDRESS 4015 SW 100th St.
CITY-ST-ZIP Gainesville, Fl. 32607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ira G. Abbott IRA G. ABBOTT

1-3-07

352-372-0153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #