

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3268257

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current 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*

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

(NOTE: Registered Agent signature required when restating)

*Nancy L. Abbott* **1-3-07**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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:** *IRA G. ABBOTT* **1-3-07 352-372-0153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



01022007 Chg-NP CR2E037 (12/06)