


1-31-97 B 1177 C
FILE NOW: FILING FEE IS \$61.25

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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N31407 (2) 1. Corporation Name GATOR INVITATIONAL SPORTS ABILITY GAMES, INC.			
Principal Place of Business HOWARD BISHOP MIDDLE SCHOOL 1801 NE 9TH STREET GAINESVILLE FL 32609 US		Mailing Address 1801 NE 9TH ST GAINESVILLE FL 32609-3736 US	
2. Principal Place of Business 21 Howard Bishop Mid. Sch. Suite, Apt. #, etc.		2a. Mailing Address 26 1801 NE 9th St. Suite, Apt. #, etc.	
22 City & State 23 Gainesville, FL 24 Zip 32609 25 Country Alachua		27 City & State 28 Gainesville, FL 29 Zip 32609 30 Country Alachua	
9. Name and Address of Current Registered Agent SIDERS, CLAUDIA 1801 NE 9TH ST GAINESVILLE FL 32609		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	SIDERS, CLAUDIA		
STREET ADDRESS	79 ALACHUA HIGHLANDS		
CITY - ST - ZIP	ALACHUA FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	BISHOP, B.E. JR.		
STREET ADDRESS	2715 NW 4TH AVENUE		
CITY - ST - ZIP	GAINESVILLE FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	SIDERS, CLAUDIA		
STREET ADDRESS	70 ALACHUA HIGHLANDS		
CITY - ST - ZIP	ALACHUA FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	WILLIAMS, SHIRLEY		
STREET ADDRESS	4421 NW 129TH STREET		
CITY - ST - ZIP	GAINESVILLE FL		
TITLE	GD	<input type="checkbox"/> DELETE	
NAME	WANZENBERG, MATT		
STREET ADDRESS	620 SW 43RD TERR		
CITY - ST - ZIP	GAINESVILLE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			



CP2E037 (9/96)

14. I do 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.

SIGNATURE: Claudia C Siders REQUIRED 1/20/97 352-9556701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011289