


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N31407 1. Entity Name GATOR INVITATIONAL SPORTS ABILITY GAMES, INC. |  |
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| Principal Place of Business HOWARD BISHOP MID. SCH. C/O CLAUDIA SIDERS 1901 NE 9TH ST. GAINESVILLE, FL 32609 US | Mailing Address HOWARD BISHOP MID. SCH. C/O CLAUDIA SIDERS 1901 NE 9TH ST. GAINESVILLE, FL 32609 US |
|---|---|

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

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|--|--|
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

8. Name and Address of Current Registered Agent

**SIDERS, CLAUDIA
1901 NE 9TH ST
HOWARD BISHOP MIDDLE SCHOOL
GAINESVILLE, FL 32609**

**DO NOT WRITE
IN THIS SPACE**

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 *Claudia C Siders* 2/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000447980
03/08/06-80078-010 61.25

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PC SIDERS, CLAUDIA 11318 NW 115TH TERR ALACHUA, FL 32615 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP BISHOP, EMERY 2715 NW 4TH AVENUE GAINESVILLE, FL 32601 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T WILLIAMS, SHIRLEY 1901 NE 9TH ST. GAINESVILLE, FL 32609 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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 *Claudia C Siders* 2/23/06 352-955-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext 276