

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90271 027 ****70.00

DOCUMENT # N36099

1. Entity Name

GAINESVILLE HERPETOLOGICAL SOCIETY, INC.



Principal Place of Business

3104 NW 19TH STREET
GAINESVILLE FL 32605
US

Mailing Address

P.O. BOX 140353
~~RT 1 BOX 321A~~
GAINESVILLE FL 32614-0353
US

94076574



MOORE CR2E037 (11/03)

2. Principal Place of Business

7014 SW 21ST LN

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 140353

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip
32607

Country

USA

City & State

GAINESVILLE, FL

Zip

32614-0353

Country

USA

4. FEI Number

59-3055002

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPE, WILLIAM D
21894 133RD LANE
O BRIEN FL 32071

DELETE

7. Name and Address of New Registered Agent

Name BRACK BARKER

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

18851 NE 50 ST

City

WILLISTON

FL

Zip Code

32696

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:

Brack Barker

4/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD
NAME NALL, KIMBERLY
STREET ADDRESS 3104 NW 19TH STREET
CITY-ST-ZIP GAINESVILLE FL 32605 ☒ Delete

TITLE TD
NAME COPE, WILLIAM
STREET ADDRESS 21894 133RD LANE
CITY-ST-ZIP O BRIEN FL 32071 ☒ Delete

TITLE SD
NAME LEEPER, DAHLONEGO
STREET ADDRESS 2638 N W 48TH PL
CITY-ST-ZIP GAINESVILLE FL 32605 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PD
NAME BEN COLE
STREET ADDRESS 7014 SW 21ST LN.
CITY-ST-ZIP GAINESVILLE, FL. 32607 ☐ Change ☒ Addition

TITLE TD
NAME BRACK BARKER
STREET ADDRESS 18851 NE 50TH ST
CITY-ST-ZIP WILLISTON, FL. 32696 ☐ Change ☒ Addition

TITLE SD
NAME KEVIN CHAD BOWMAN
STREET ADDRESS 841 SW 60TH TERR
CITY-ST-ZIP GAINESVILLE, FL. 32607 ☐ Change ☒ Addition

TITLE VD
NAME GINGER CLARK
STREET ADDRESS 5801 NW 32ND ST
CITY-ST-ZIP GAINESVILLE, FL. 32653 ☐ Change ☒ Addition

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 exemption stated in Section 119.07(3)(i), 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:

Brack Barker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04

352-528-3751