


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90236 011 ****61.25

DOCUMENT # N93000001985					
1. Entity Name GATORTOWN GATORS, INC.					
Principal Place of Business PO BOX 90255 GAINESVILLE, FL 32607 US			Mailing Address PO BOX 90255 GAINESVILLE, FL 32607 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3105832	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARRISN, JAMES 156 TURKEY CREEK GAINESVILLE, FL 32615			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBELMANN, STEVE		NAME	WIERLING, RALPH	
STREET ADDRESS	6928 SW 84 DR		STREET ADDRESS	286 TURKEY CREEK	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	PPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBELMANN, STEVE		NAME		
STREET ADDRESS	6928 SW 84 DR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETER, RICHARD		NAME		
STREET ADDRESS	2127 SW 122ND ST.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	PED	<input type="checkbox"/> Delete	TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUBY, TOM		NAME	BUBY, TOM	
STREET ADDRESS	P.O. BOX 13004		STREET ADDRESS	PO BOX 13004	
CITY-ST-ZIP	GAINESVILLE, FL 32604		CITY-ST-ZIP	GAINESVILLE, FL 32604	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUBY, LINDA		NAME		
STREET ADDRESS	P.O. BOX 13004		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32604		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	ASST. TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISN, JAMES		NAME	PARRISH, JAMES	
STREET ADDRESS	156 TURKEY CREEK		STREET ADDRESS	156 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	ALACHUA FL 32615	
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 117, 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: <i>James P Parrish</i>			Date: 4/28/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 886462 1915		