


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		4. FEI Number 59-3105832	
Zip		Country		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME HOBELMANN, STEVE STREET ADDRESS 6928 SW 84 DR CITY-ST-ZIP GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete		TITLE PD NAME WIERLING, RALPH STREET ADDRESS 286 TURKEY CREEK CITY-ST-ZIP ALACHUA, FL 32415	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PPD NAME HOBELMANN, STEVE STREET ADDRESS 6928 SW 84 DR CITY-ST-ZIP GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME JETER, RICHARD STREET ADDRESS 2127 SW 122ND ST. CITY-ST-ZIP GAINESVILLE, FL 32607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PED NAME BUBY, TOM STREET ADDRESS P.O. BOX 13004 CITY-ST-ZIP GAINESVILLE, FL 32604	<input type="checkbox"/> Delete		TITLE PPD NAME BUBY, TOM STREET ADDRESS PO BOX 13004 CITY-ST-ZIP GAINESVILLE, FL 32604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BUBY, LINDA STREET ADDRESS P.O. BOX 13004 CITY-ST-ZIP GAINESVILLE, FL 32604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME PARRISN, JAMES STREET ADDRESS 156 TURKEY CREEK CITY-ST-ZIP ALACHUA, FL 32615	<input type="checkbox"/> Delete		TITLE ASST. TD NAME PARRISN, JAMES STREET ADDRESS 156 TURKEY CREEK CITY-ST-ZIP ALACHUA, FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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 B Parrish</i> James B Parrish 4/28/08 886462 1915 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					