

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002512 (2)**

1. Corporation Name

**TRIANGLE AREA GOLDEN GATORS (TAGG), INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
34614 ESTES RD EUSTIS FL 32736		P O BOX 453 EUSTIS FL 32727		06/04/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-3218616	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GONZALEZ, JOSE**  
**901 ABRAMS ROAD**  
**EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name **Kimber Keene**  
82 Street Address (P.O. Box Number is Not Acceptable) **34614 Estes Rd.**  
83  
84 City **Eustis** FL 85 Zip Code **32736**

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 Kimber Keene DATE **4-1-98**  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRICKS, LINDA	1.2 NAME	Blessing Perry
STREET ADDRESS	P.O. BOX 846 N/A	1.3 STREET ADDRESS	24913 Blue Sink Rd.
CITY-ST-ZIP	MT. DORA FL	1.4 CITY-ST-ZIP	Howey-in-the-Hills, FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELTON, LINDA	2.2 NAME	Duncan Nancy
STREET ADDRESS	7621 FROG LOG LANE	2.3 STREET ADDRESS	2163 Country Club Rd.
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Eustis, FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEENE, KIMBER	3.2 NAME	Leach Ginger
STREET ADDRESS	34614 ESTES RD	3.3 STREET ADDRESS	1018 Monterey Dr.
CITY-ST-ZIP	EUSTIS FL 32736	3.4 CITY-ST-ZIP	Leesburg, FL
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, LORI	4.2 NAME	Ballard, Lori
STREET ADDRESS	HWY 48, 161	4.3 STREET ADDRESS	22701 SE 46
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	Sorrento, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Barley Zoe
STREET ADDRESS		5.3 STREET ADDRESS	2144 Maples Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hartland Park, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Sparker Rick
STREET ADDRESS		6.3 STREET ADDRESS	9511 Silver Lake Rd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Leesburg, FL

14. 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 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:

Kimber Keene  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-98**  
Date

Daytime Phone #

CR2E037 (10/97)