


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90066 019 \*\*\*\*61.25

<b>DOCUMENT # N93000003366</b>	
1. Entity Name <b>GOPHER TORTOISE COUNCIL, INC.</b>	

Principal Place of Business <b>FLA. MUSEUM OF NAT. HIST UNIV. OF FL., P.O. BOX 117800 GAINESVILLE FL 32611</b>	Mailing Address <b>FLA. MUSEUM OF NAT. HIST UNIV. OF FL., P.O. BOX 117800 GAINESVILLE FL 32611</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40022682



1st MOORE CR2E037 (10/04)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GATES, CYNTHIA A 12932 C.R. 474 CLERMONT FL 34711</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL 34714</b>

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, JOHN	NAME	
STREET ADDRESS	116 RUN CREEK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORSYTH GA 31029	CITY-ST-ZIP	
TITLE	CVD <input checked="" type="checkbox"/> Delete	TITLE	CVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLIHORDE, BOYD	NAME	Rebecca Smith
STREET ADDRESS	7505 OKEECHOBEE CT.	STREET ADDRESS	Dynamac Corp, Mail Code DYN-1
CITY-ST-ZIP	TAMPA FL 33637	CITY-ST-ZIP	Kennedy Space Center, FL 32899
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, CYNTHIA A	NAME	Gates, Cynthia
STREET ADDRESS	12932 C.R. 474	STREET ADDRESS	12932 C.R. 474
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	Clermont, FL 34714
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, WILL	NAME	Knox, Will
STREET ADDRESS	P.O. BOX 2265	STREET ADDRESS	P.O. Box 1665
CITY-ST-ZIP	CROSS CITY FL 32628	CITY-ST-ZIP	Old Town, FL 32680
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Cynthia A. Gates</i>	<b>Cynthia A. Gates</b>	3-12-05	352-241-8504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #