


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90083 018 ****61.25

DOCUMENT # N93000003366	
1. Entity Name GOPHER TORTOISE COUNCIL, INC.	

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



03102006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> 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	
GATES, CYNTHIA A 12932 C.R. 474 CLERMONT, FL 34714		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CVD	<input checked="" type="checkbox"/> Delete		TITLE	Bolt, Rebecca CVD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENSEN, JOHN			NAME	Dynamac Corp. Mail Code DYN-1		
STREET ADDRESS	116 RUN-CREEK DRIVE			STREET ADDRESS	Kennedy Space Center, FL 32899		
CITY-ST-ZIP	FORSYTH, GA 31029			CITY-ST-ZIP			
TITLE	CVD	<input type="checkbox"/> Delete		TITLE	Lockhart, Mitch CVD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, REBECCA			NAME	Valdosta State University		
STREET ADDRESS	DYNAMEC CORP, MAIL CODE DYN-1			STREET ADDRESS	Valdosta, GA 31698		
CITY-ST-ZIP	KENNEDY SPACE CENTER, FL 32899			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GATES, CYNTHIA A			NAME			
STREET ADDRESS	12932 C.R. 474			STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34714			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNOX, WILL			NAME			
STREET ADDRESS	P.O. BOX 1665			STREET ADDRESS			
CITY-ST-ZIP	OLD TOWN, FL 32680			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			
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 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 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: Cynthia A. Gates Cynthia A. Gates 3-10-06 352-241-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #