

**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**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03102006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GATES, CYNTHIA A  
 12932 C.R. 474  
 CLERMONT, FL 34714**

7. Name and Address of New Registered Agent

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.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVD JENSEN, JOHN 116 RUN CREEK DRIVE FORSYTH, GA 31029 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVD SMITH, REBECCA DYNAMEC CORP, MAIL CODE DYN-1 KENNEDY SPACE CENTER, FL 32899 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GATES, CYNTHIA A 12932 C.R. 474 CLERMONT, FL 34714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KNOX, WILL P.O. BOX 1665 OLD TOWN, FL 32680 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Bolt, Rebecca CVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dynamac Corp, Mail Code DYN-1 Kennedy Space Center, FL 32899
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lockhart, Mitch CVD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Valdosta State University Valdosta, GA 31698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 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 #