


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90228 030 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03102007 Chg-NP CR2E037 (12/06)	
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 GATES, CYNTHIA A 12932 C.R. 474 CLERMONT, FL 34714			7. Name and Address of New Registered Agent Name Donald Stillwaugh, Jr. Street Address (P.O. Box Number is Not Acceptable) 604 Apt. D Summerhill Ct. City Safety Harbor FL Zip Code 34695		
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 <u>Donald M. Stillwaugh, Jr.</u> <u>Donald M. Stillwaugh, Jr. Treasurer</u> <u>4/20/07</u> <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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	CVD BOLT, REBECCA DYNAMAC CORP. MAIL CODE DYN-1 KENNEDY SPACE CENTER, FL 32899	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD Gonzburger, Margaret 13292 County Hwy. 3280 Bruce, FL 32455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD SMITH, REBECCA DYNAMAC CORP. MAIL CODE DYN-1 KENNEDY SPACE CENTER, FL 32899	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GATES, CYNTHIA A- 12932 C.R. 474 CLERMONT, FL 34714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Donald Stillwaugh 604 Apt. D Summerhill Ct. Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOX, WILL P.O. BOX 1665 OLD TOWN, FL 32680	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ronald Concoy Mosaic Phosphates - Lonesome Mine Office Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD LOCKHART, MITCH VALDOSTA STATE UNIVERSITY VALDOSTA, GA 31698	<input type="checkbox"/> Delete	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"/> Delete				
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: Donald M. Stillwaugh, Jr. Donald M. Stillwaugh, Jr. 4/20/07 727 453-6932 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					