

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90025 020 ****61.25

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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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STILLWAUGH, JR, DONALD
604 APT D SUMMERHILL CT
SAFETY HARBOR, FL 34695**

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CVD
GUNZBURGER, MARGARET
13292 COUNTY HWY 3280
BRUCE, FL 32455** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STILLWORTH, DONALD
604 APT. D SUMMERHILL CT
SAFETY HARBOR, FL 34695** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Stillwaugh, Jr, Donald
604 Apt. D. Summerhill CT
Safety Harbor, FL 34695** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CONCOBY, RONALD
MOAIC PHOSPHATES-LONESOME MINE OFFICE
MULBERRY, FL 33860** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CONCOBY, RONALD
3511 Rosswood Drive
Orlando, FL 32806** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CVD
LOCKHART, MITCH
VALDOSTA STATE UNIVERSITY
VALDOSTA, GA 31698** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CVD
Norton, Terry
3407 Trout St.
Brunswick, GA 31520** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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. Mar. 31, 2008 727-453-6932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #