

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003366

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** GOPHER TORTOISE COUNCIL, INC.

**Current Principal Place of Business:**

FLA. MUSEUM OF NAT. HIST  
UNIV. OF FL.,  
GAINESVILLE, FL 32611

**New Principal Place of Business:**

**Current Mailing Address:**

FLA. MUSEUM OF NAT. HIST  
UNIV. OF FL., P.O. BOX 117800  
GAINESVILLE, FL 32611

**New Mailing Address:**

**FEI Number:** 59-2010727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: HENDERSON, CONNIE  
Address: 4081 SILVER LAKE DRIVE  
City-St-Zip: PALATKA, FL 32177

Title: TD  
Name: STILLWAUGH, DONALD JR  
Address: 604 APT. D SUMMERHILL CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: CVD  
Name: CONCOBY, RONALD  
Address: 3511 ROSSWOOD DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: CVD  
Name: STEEN, DAVID  
Address: 420 E. WILLIAMS AVE.  
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD M. STILLWAUGH, JR.

TD

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date