

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003366

FILED
Mar 30, 2012
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:

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

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: HOWZE, JENNIFER
Address: 3988 JONES CENTER DR
City-St-Zip: NEWTON, GA 39870

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

03/30/2012

Electronic Signature of Signing Officer or Director

Date