FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # N9300005775 (2)

CAMPTOWN FIGHTING GATOR CLUB, INC.

Mailing Address

FILED Mar 07, 1996 08:00 AM Secretary of State



	OCEANSIDE BLVD. ACH FL 32136	P.O. BOX 282 FLGLER BEACH FL 3	2136						
						3. Date Incorporated or Qualified 12/27/1993	1		st Report /1995
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ė	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-3215970			Not Applicable
22	, d.c.	27				5. Certificate of Status Desired			75 Additional ee Required
City & State	9	City & State			-	6. Election Campaign Financing		\$5	.00 May Be
Zip	Country	28	T			Trust Fund Contribution			ded to Fees
24	25	Zip 29	Countr 30	ry		8. This corporation has liability for in Florida Statutes	tangible ta Yes		s. 199.032,
<u> </u>	9. Name and Address of Curre					10. Name and Address of New Re	-		
			8	1	Name			•	
TAYLOR, CLIFFORD A				2	Street Add	idress (P.O. Box Number is Not Acceptable)			
507 E. MOODY BLVD.			L			A deliber (10. Delivitarios la 110. Veceptalio)			
BUNNEL	L FL 32110		8:	3					
			84	4	City		-	85	Zip Code
11. Pursuant t	to the provisions of Sections 617,0500	2 and 617 1508 Florida Status	tes the above	1	med come	ration submits this statement for the purp rd of directors. I hereby accept the appoi	FL.		
SIGNATURE _	Signature, typed or printed name of registered agon OFFICERS AN	and title Lapplicable (N D DIRECTORS	OTE: Registered Agr	earit s	signature require	ad wher reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND	DIREC	TORS IN 12
TIFLE	D	DELETE	1.1 TITLE					Chang	
NAME	TAYLOR, CLIFFORD D		1.2 NAME	-					_
STREET ADDRESS	507 E MOODY BLVD		1.3 STREE	ET A	DDRESS				
CITY-ST-ZIP TITLE	BUNALELL FL	□ DELETE	14 CITY-	***	- ZiP				
NAME	d Martin, leslie		21 TITLE				L	Chang	e
STREET ADDRESS	700 GLADWIN AVE		2.2 NAME 2.3 STREE		DDDCCC				
CITY-ST-ZIP	FERN PARK FL		2 4 0/17						
IITLE	D	DELETE	3.1 TITLE					Change	e Addition
NAME	COLEMAN, CHARLIE		3.2 NAME				_		
STREET ADDRESS	166 OAKWOOD DRIVE		3.3 STREE	ET A	DDRESS				
CITY-ST-ZIP TITLE	WAYNE NJ 07470	DELETE	3.4 CITY		- ZIP			710	
NAME	BYRNE, CHARLIE	Cherest	4.1 TITLE 4. 2 NAME		İ		ι	Changi	e 🔲 Addition
STREET ADDRESS	203 MONITOR DR.		4.2 NAME		DOBESS				
CITY-ST-ZIP	BEVERLY BEACH FL 32136		4.3 STREE						
TITLE	D	DELETE	5 1 THTLE				Ī	Change	Addition
NAME	DONNER, DAX		52 NAME		1				
STREET ADDRESS	P.O. BOX 1574 N/A		5.3 STREE	T AI	DDRESS				
CITY-ST-ZIP	FLGLER BEACH FL 32136	DELETE	5.4 CITY -	ST-	ZIP			7.0	
TITLE NAME		□]∪tttlf	6.1 TITLE					Change	Addition
STREET ADDRESS			6.2 NAVE 6.3 STŘEE		nnacec				
CITY-SI-ZIP			63 STREE						
4.4			040117-	<u>۱۱-</u>	ZIF				

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on a vettachment with an address.

SIGNATURE:

IGNATORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (904) 439-311/

R2F037 (12/95)