


FILE NOW: FILING FEE IS \$61.25

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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Magliaro Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005775 (2)**

1. Corporation Name

CAMPTOWN FIGHTING GATOR CLUB, INC.



Principal Place of Business

Mailing Address

**34810 BARGER CT.
LEESBURG FL 34788**

**34810 BARGER CT.
LEESBURG FL 34788-0523**

3. Date Incorporated or Qualified
12/27/1993

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 6302 Gomez Rd

26 6302 Gomez Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 St. Augustine, Florida

28 St. Augustine, Florida

Zip

Country

Zip

Country

24 32084

25 USA

29 32084

30 USA

4. FEI Number

59-3215970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THEOBALD, NORMA K
34810 BARGER CT.
LEESBURG FL 34788**

81 Name

Dorothy P. Delany

82 Street Address (P.O. Box Number is Not Acceptable)

6302 Gomez Rd.

83

84 City

St. Augustine

FL

85 Zip Code
32084

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

April 14, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **HOONE, BERNIE**
STREET ADDRESS **P.O. BOX 1331 N/A**
CITY-ST-ZIP **TAVARES FL 32778**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Ludy Beaver**
1.3 STREET ADDRESS **605 St. Augustine Dr South**
1.4 CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **VP** ☒ DELETE
NAME **THATCHER, RALPH**
STREET ADDRESS **26235 TROON AVE**
CITY-ST-ZIP **SORRENTO FL 32776**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Victor Bodejko**
2.3 STREET ADDRESS **7641 Sunwood Dr**
2.4 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **S** ☒ DELETE
NAME **TAYLOR, LINDA**
STREET ADDRESS **P.O. BOX 213 N/A**
CITY-ST-ZIP **OKAHUMPKA FL 34762**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Dorothy P. Delany**
3.3 STREET ADDRESS **6302 Gomez Rd.**
3.4 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **T** ☒ DELETE
NAME **THEOBALD, NORMA K**
STREET ADDRESS **34810 BARGER CT.**
CITY-ST-ZIP **LEESBURG FL 34788**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Bernie Hoone**
4.3 STREET ADDRESS **P. O. Box 1331 N/A**
4.4 CITY-ST-ZIP **Tavares, FL 32778**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

Ext 105

CR2E037 (9/96)