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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000003611 (0)

1. Corporation Name

FLORIDA GATOR FEST ASSOCIATION, INC.



Principal Place of Business

Mailing Address

131 SUNRISE BLVD.  
DEBARY FL 32713

131 SUNRISE BLVD.  
DEBARY FL 32713-3857

3. Date Incorporated or Qualified  
07/21/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3251398

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

HOLCOMB, WILLIAM J  
131 SUNRISE BLVD.  
DEBARY FL 32713

81 Name

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

83

84 City

FL

85 Zip Code

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 *William J. Holcomb, President*

1-29-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HOLCOMB, BILL  
STREET ADDRESS 131 SUNRISE BLVD.  
CITY-ST-ZIP DEBARY FL

TITLE VD ☒ DELETE

NAME ROBERTS, IAN  
STREET ADDRESS 1402 FORT SMITH BLVD.  
CITY-ST-ZIP DELTONA FL

TITLE SD ☒ DELETE

NAME FULLER, GAYLA  
STREET ADDRESS 21 CANTER CLUB  
CITY-ST-ZIP DEBARY FL

TITLE TD ☐ DELETE

NAME NUTT, PAM  
STREET ADDRESS 34 COMMUNITY DRIVE  
CITY-ST-ZIP DEBARY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DIRECTOR ☒ Change ☐ Addition

2.2 NAME ROBERTS, IAN  
2.3 STREET ADDRESS 2119 OAK MEADOW CIR.  
2.4 CITY-ST-ZIP 50. DAYTONA, FL 32119

3.1 TITLE DIRECTOR ☒ Change ☐ Addition

3.2 NAME FULLER, GAYLA  
3.3 STREET ADDRESS 21 CANTER CLUB  
3.4 CITY-ST-ZIP DEBARY, FL. 32713

4.1 TITLE SECRETARY ☐ Change ☒ Addition

4.2 NAME Holcomb, CLAUDIA  
4.3 STREET ADDRESS 131 SUNRISE BLVD.  
4.4 CITY-ST-ZIP DEBARY, FL. 32713

5.1 TITLE VICE PRES. / DIRECTOR ☐ Change ☒ Addition

5.2 NAME STONE, ALTON  
5.3 STREET ADDRESS 2088 ALTOONA LANE  
5.4 CITY-ST-ZIP DELTONA, FL. 32738

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.

SIGNATURE: *William J. Holcomb, President*

1-29-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013062

CR2E037 (9/96)