

FILE NOW: FILING FEE IS \$61.25

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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003611 (0)
 1. Corporation Name
FLORIDA GATOR FEST ASSOCIATION, INC.



Principal Place of Business 131 SUNRISE BLVD. DEBARY FL 32713	Mailing Address 131 SUNRISE BLVD. DEBARY FL 32713
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3. Date Incorporated or Qualified 07/21/1994	
4. FEI Number 59-3251398	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HOLCOMB, WILLIAM J
 131 SUNRISE BLVD.
 DEBARY FL 32713**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	HOLCOMB, BILL	
STREET ADDRESS	131 SUNRISE BLVD.	
CITY-ST-ZIP	DEBARY FL	
TITLE	D	
NAME	ROBERTS, IAN	
STREET ADDRESS	2119 OAK MEADOW CIRCLE	
CITY-ST-ZIP	S DAYTONA FL	
TITLE	D	
NAME	FULLER, GAYLA	
STREET ADDRESS	21 CANTER CLUB	
CITY-ST-ZIP	DEBARY FL	
TITLE	TD	
NAME	NUTT, PAM	
STREET ADDRESS	34 COMMUNITY DRIVE	
CITY-ST-ZIP	DEBARY FL	
TITLE	S	
NAME	HOLCOMB, CLAUDIA	
STREET ADDRESS	131 SUNRISE BLVD	
CITY-ST-ZIP	DEBARY FL	
TITLE	VPD	
NAME	ALLEN, STONE	
STREET ADDRESS	2088 ALTOONA LANE	
CITY-ST-ZIP	DELTONA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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*

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