2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2005
Secretary of State

DOCUMENT# N94000004162

Entity Name: GATOR ATTACK CLUB, INC.

Current Principal Place of Business:

5415 NW 54 DRIVE
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 142464
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 59-3164848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TREPANIER, DOROTHY
5415 NW 54TH DRIVE
GAINESVILLE, FL 32653 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: TD ( ) Delete
Name: MCIVER, HELEN
Address: 14506 NW 207TH TERR.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: SD ( ) Delete
Name: GARRETT, JANET
Address: PO BOX 488
City-St-Zip: EARLETON, FL 326310488

Title: PD ( ) Delete
Name: MCIVER, BOB
Address: 14506 NW 207TH TERRACE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: NIPPER, CATHERINE
Address: 1520 SE ELM STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: PD (X) Change ( ) Addition
Name: WICHMAN, THOMAS
Address: 10104 SW 89TH STREET
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HELEN MCIVER TD 05/07/2005

Electronic Signature of Signing Officer or Director — Date