## FILE NOW: FILING FEE IS \$61.25

Mailing Address

2a. Mailing Address

227 COLONY PT. RD. SO. ST. PETERSBURG FL 33705

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

227 COLONY PT. RD. SO. ST. PETERSBURG FL 33705

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000001452 (0) **DOCUMENT #**1. Corporation Name

GATORS ONLY FOUNDATION, INC.

## **FILED** May 11 1998 8:00am Secretary of State

1461414 616 4841 844 864 864			
Date Incorporated or Qualified 03/24/1995	 		
FEI Number	 Applied For		
59-3466238	 Not Applicable		
Certificate of Status Desired	\$8.75 Additional Fee Required		
Election Campaign Financing	 \$5.00 May Be		

J		20		Fee Required
Sulte, A	vpt. #, etc.	Suite, Apt. #,	etc.	Election Campalgn Financing     Trust Fund Contribution     Added to Fees
City & S	State	City & State		7. Is this nonprofit corporation a homeowners association?  Yes X No
Zip	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent
HOW	ARD. MARY K		81 Name	trees /P.O. Boy Number is Not Acceptable)

3. 4.

227 COLÓNY PT. RD. SO. ST. PETERSBURG FL 33705

City Zip Code 85 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, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating)    DATE   DAT									
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	\$ IN 12				
TITLE	PO	DELETE	1.1 TITLE	☐ Change	Addition				
NAME	HOWARD, MARY K		1.2 NAME						
STREET ADDRESS	227 COLONY POINT ROAD SOUTH		1.3 STREET ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33705		1.4 CITY-ST-ZIP						
TITLE	VSTD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition				
HAME	HOWARD, WILLIAM G		22 NAME						
STREET ADDRESS	227 COLONY POINT ROAD SOUTH		2.3 STREET ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33705		2. 4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition				
NAME	Karkut, emily p		3.2 NAME						
STREET ADORESS	14 MOTT ROAD		3.3 STREET ADDRESS						
CITY-ST-ZIP	BALDWINSVILLE NY 13027		3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE	Change	Addition				
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE	☐ Change	Addition .				
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY - ST - ZIP						
TITLE		☐ DELETE	8.1 TITLE	Change	☐ Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
A-171. 45 NO.			0.4.01704.07.710		i				

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:

4-30-98

813

321-3839