

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002399
 1. Corporation Name
Gainesville "Baby" Gator Boosters, Incorporated

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **4-30-96** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1612 S.E. 14th Avenue	26 3616 N.W. 109th Terrace	59-3362538	<input type="checkbox"/> Not Applicable
22 Suite, Apt #, etc	27 Suite, Apt #, etc	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Gainesville, FL	28 Gainesville, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 32641	29 32641	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
Vincent DeBose 1612 S.E. 14th Avenue Gainesville, Florida 32641		81 Name	Dawn C. Proto	
		82 Street Address (P.O. Box Number is Not Acceptable)	3616 N.W. 109th Terrace	
		83		
		84 City	Gainesville, Florida	85 Zip Code FL 32606

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 *Dawn C. Proto* **DAWN C. PROTO, VP** DATE **8/7/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Vincent DeBose			1.2 NAME	Deborah Anderson		
STREET ADDRESS	1612 S.E. 14th Avenue			1.3 STREET ADDRESS	1580 S.E. 32nd Street		
CITY-ST-ZIP	Gainesville, Florida 32641			1.4 CITY-ST-ZIP	Gainesville, Florida 32641		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Deborah Anderson			2.2 NAME	Dawn C. Proto		
STREET ADDRESS	1580 S.E. 32nd Street			2.3 STREET ADDRESS	3616 N.W. 109th Terrace		
CITY-ST-ZIP	Gainesville, Florida 32641			2.4 CITY-ST-ZIP	Gainesville, Florida 32606		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Dawn C. Proto			3.2 NAME	Dallas Douglas		
STREET ADDRESS	3616 N.W. 109th Terrace			3.3 STREET ADDRESS	801 S.E. 19th Street		
CITY-ST-ZIP	Gainesville, Florida 32606			3.4 CITY-ST-ZIP	Gainesville, Florida 32641		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Gloria Gordon			4.2 NAME			
STREET ADDRESS	909 N.W. 7th Avenue			4.3 STREET ADDRESS			
CITY-ST-ZIP	Gainesville, Florida 32601			4.4 CITY-ST-ZIP			
TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Lyn Fort			5.2 NAME	200002277812		
STREET ADDRESS	3505 N.W. 11th Avenue			5.3 STREET ADDRESS	-08/26/97--01070--019		
CITY-ST-ZIP	Gainesville, Florida 32605			5.4 CITY-ST-ZIP	***70.00		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Dawn C. Proto* **DAWN C. PROTO, VP** DATE **8-7/97** (352) 379-4019

CR2E037 (9/96)

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