

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

APPROVED AND FILED

98 NOV -3 AM 9:51

DOCUMENT # N9600002399 (1)

1. Corporation Name  
**GAINESVILLE "BABY" GATOR BOOSTERS, INCORPORATED**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: 1612 SE 14TH AVENUE, GAINESVILLE FL 32641  
 Mailing Address: 3616 NW 109TH TERRACE, GAINESVILLE FL 32641

3. Date Incorporated or Qualified: 04/30/1996  
 4. FEI Number: 59-3362538  
 Applied For: Not Applicable

2. Principal Place of Business: 21 Martin Luther King Center, Suite, Apt. #, etc.  
 22 1028 NE 14th Street, City & State  
 23 Gainesville, Florida, Zip 32601, Country  
 24 32601, 25, 29, 30

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 PROTO, DAWN C  
 3616 NW 109TH TERRACE  
 GAINESVILLE FL 32641

10. Name and Address of New Registered Agent  
 81 Name: Lana Jackson  
 82 Street Address (P.O. Box Number is Not Acceptable): 1028D NE 14th Street  
 83  
 84 City: Gainesville, FL 85 Zip Code: 32601

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: Lana Jackson *Lana Jackson* 8-30-98  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, DALLAS	
STREET ADDRESS	801 SE 19TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, DEBORAH	
STREET ADDRESS	1580 SE 32ND STREET	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROTO, DAWN	
STREET ADDRESS	3616 NW 109TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Betsy Shyrook	
1.3 STREET ADDRESS	3608 SW 13th Drive, 17-C	
1.4 CITY-ST-ZIP	Gainesville, FL 32608	
2.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bernice Brown	
2.3 STREET ADDRESS	1418 NE 1st Avenue	
2.4 CITY-ST-ZIP	Gainesville, FL 32604	
3.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marilyn Bell	
3.3 STREET ADDRESS	813 Victoria Court	
3.4 CITY-ST-ZIP	Gainesville, FL 32607	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	500002684505-2	
4.4 CITY-ST-ZIP	-11/10/98-01054-003	
	*****70.00 *****70.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Betsy Shyrook* **REQUIRED** 9/24/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Betsy Shyrook

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