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FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N96000005397 (2)

1. Corporation Name

GATOR WILDERNESS CAMP SCHOOL, INC.

Principal Place of Business

6500 RICHARDSON ROAD  
SARASOTA FL 34240

Mailing Address

6500 RICHARDSON ROAD  
SARASOTA FL 34240

2. Principal Place of Business

21 44930 PARABEE RD.

Suite, Apt. #, etc.

22

City & State

23 PUNTA GORDA, FL

Zip

24 33982

Country

25 USA

2a. Mailing Address

26 44930 PARABEE RD.

Suite, Apt. #, etc.

27

City & State

28 PUNTA GORDA FL

Zip

29 33982

Country

30 USA

9. Name and Address of Current Registered Agent

WEAVER, ROBERT L  
6500 RICHARDSON ROAD  
SARASOTA FL 34240

81 Name

ROBERT WEAVER

82 Street Address (P.O. Box Number is Not Acceptable)

226 HERNANDO AVE

83

84 City

ARCADIA

FL

85 Zip Code

34266

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

65-0704638

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME WEAVER, ROBERT L  
STREET ADDRESS 6500 RICHARDSON ROAD  
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ DELETE

VD  
NAME YODER, MARK H  
STREET ADDRESS 5812 BRADEN RIVER ROAD  
CITY-ST-ZIP SARASOTA FL 34203

TITLE ☐ DELETE

SD  
NAME SMUCKER, ANDREW  
STREET ADDRESS 858 PINE RIDGE LANE  
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ DELETE

TD  
NAME SOMMERS, MICHAEL  
STREET ADDRESS 958 PLEASANT ESTATES DR  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PD.  
1.2 NAME WEAVER, ROBERT L  
1.3 STREET ADDRESS 226 HERNANDO AVE  
1.4 CITY-ST-ZIP ARCADIA, FL 34266

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Robert L. Weaver 4-14-98 941-494-9301

CR2E037 (10/97)