

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

0062387

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-02-1999 90091 042 ****61.25

DOCUMENT # N96000005397

1. Corporation Name

GATOR WILDERNESS CAMP SCHOOL, INC.

Principal Place of Business

44930 FARABEE RD
PUNTA GORDA FL 33982
US

Mailing Address

44930 FARABEE RD
PUNTA GORDA FL 33982
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WEAVER, ROBERT L
226 HERNANDO AVE
ARCADIA FL 34266

10. Name and Address of New Registered Agent

81 Name

Bob Griffin

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

44930 Farabee Rd.

83

84 City

Punta Gorda

FL

85 Zip Code
33982

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 Bob Griffin, Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-99

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME WEAVER, ROBERT L
STREET ADDRESS 226 HERNANDO AVE
CITY-ST-ZIP ARCADIA FL 34266

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

TITLE SD DELETE
NAME SMUCKER, ANDREW
STREET ADDRESS 856 PINE RIDGE LANE
CITY-ST-ZIP SARASOTA FL 34240

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME Robert L Weaver
1.3 STREET ADDRESS 2910 Eton Pl.
1.4 CITY-ST-ZIP Sarasota FL 34291

2.1 TITLE Change Addition
2.2 NAME Mark H Yoder
2.3 STREET ADDRESS 5812 Braden River Rd.
2.4 CITY-ST-ZIP Bradenton FL 34203

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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

941-302-4424

Daytime Phone #

CR2E037 (11/98)