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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001531

1. Corporation Name

GAINESVILLE GATORS SOFTBALL TEAM, INC.

Principal Place of Business

POST OFFICE BOX 4311
GAINESVILLE FL 32613-4311

Mailing Address

POST OFFICE BOX 4311
GAINESVILLE FL 32613-4311

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/14/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE 59-3510569
24 Country	29 Country	5. Certificate of Status Desired
		<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KRAUS, TERESA
2635 SW 35TH PLACE STE 1301
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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)

2/10/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TREASURER
NAME	KNECHT, TERRI	1.2 NAME	HILLMAN, CARL
STREET ADDRESS	11705 SW 143 RD ST	1.3 STREET ADDRESS	506 NW 30th St.
CITY-ST-ZIP	ARCHER FL 32618	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	TAD	2.1 TITLE	MT
NAME	KRAUS, TERESA	2.2 NAME	VOYLES, KAREN
STREET ADDRESS	2635 SW 35TH PL SUITE 1301	2.3 STREET ADDRESS	Rt. 1 Box 905
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	T	3.1 TITLE	
NAME	DAVIS, RICK	3.2 NAME	
STREET ADDRESS	P O BOX 1540 26920 NW 241	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32616	3.4 CITY-ST-ZIP	
TITLE	MT	4.1 TITLE	
NAME	VOYLES, KAREN	4.2 NAME	
STREET ADDRESS	RT 1 BOX 905	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BERRY FL 32669	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	OUTMAN, KATHY	5.2 NAME	
STREET ADDRESS	2517 NW 64TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 any attachment with an address, with all other like empowered.

SIGNATURE: *Carl Hillman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

Date

352-373-1487

Daytime Phone #

CR2E037 (11/98)