

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90054 019 \*\*\*\*61.25

**DOCUMENT # N97000001531**

1. Entity Name  
**GAINESVILLE GATORS SOFTBALL TEAM, INC.**



Principal Place of Business  
**PO BOX 5541  
GAINESVILLE, FL 32627-5541 US**

Mailing Address  
**PO BOX 5541  
GAINESVILLE, FL 32627-5541 US**

**50032632**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3510569**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **BEVERLY LASSETER**

Street Address (P.O. Box Number is Not Acceptable)  
**RT 3 BOX 241D**

City **LAKE BUTLER, FL 32054** Zip Code **32054**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* **for Beverly Lasseter**

**3/28/05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☐ Delete  
NAME **LOVVORN, DONNA D**  
STREET ADDRESS **14110 SW ARCHER ROAD**  
CITY-ST-ZIP **ARCHER, FL 32618**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete  
NAME **KRAUS, TERESA D**  
STREET ADDRESS **2635 SW 35TH PL SUITE 1301**  
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **M** ☐ Change ☒ Addition  
NAME **PATY MCKEY**  
STREET ADDRESS **3809 S.W. 3rd AVE**  
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **M** ☐ Delete  
NAME **LASSETER, BEVERLY**  
STREET ADDRESS **RT. 3 BOX 241D**  
CITY-ST-ZIP **LAKE BUTLER, FL 32054**

TITLE **D** ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete  
NAME **BRETON, LETTY D**  
STREET ADDRESS **2068 N.W. 88TH STREET**  
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **M** ☐ Delete  
NAME **LAW, TRAVIS**  
STREET ADDRESS **19212 S.W. 58TH PLACE**  
CITY-ST-ZIP **ARCHER, FL 32618**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **Letty Breton, Business Manager** **3/28/05** **352-331-7868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #