

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001531

FILED  
Sep 04, 2007  
Secretary of State

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

**Current Principal Place of Business:**

PO BOX 1723  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

4388 W SR 238  
LAKE BUTLER, FL 32054 US

**Current Mailing Address:**

PO BOX 1723  
NEWBERRY, FL 32669 US

**New Mailing Address:**

4388 W SR 238  
LAKE BUTLER, FL 32054 US

**FEI Number:** 59-3510569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LASSETER, BEVERLY  
RT 3 BOX 2410  
LAKE BUTLER, FL 32054 US

**Name and Address of New Registered Agent:**

LASSETER, BEVERLY  
4388 W SR 238  
LAKE BUTLER, FL 32054 US

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.

SIGNATURE: BEVERLY LASSETER

09/04/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: M ( ) Delete  
Name: LOWVORN, DONNA D  
Address: 14110 SW ARCHER ROAD  
City-St-Zip: ARCHER, FL 32618

Title: M ( ) Delete  
Name: MCKEY, PATTY  
Address: 3809 SE 3RD AVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: LASSETER, BEVERLY  
Address: RT. 3 BOX 241D  
City-St-Zip: LAKE BUTLER, FL 32054

Title: T ( ) Delete  
Name: BRETON, LETTY D  
Address: 16708 N.W. 32ND AVENUE  
City-St-Zip: NEWBERRY, FL 32669

Title: M ( ) Delete  
Name: LAW, TRAVIS  
Address: 19212 S.W. 58TH PLACE  
City-St-Zip: ARCHER, FL 32618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY LASSETER

DIRE

09/04/2007

Electronic Signature of Signing Officer or Director

Date