

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004366

FILED
Feb 20, 2005
Secretary of State

Entity Name: GATOR CLOWNS OF JACKSONVILLE, INC.

Current Principal Place of Business:

PO BOX 54161
JACKSONVILLE, FL 322381643 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 54161
JACKSONVILLE, FL 322381643 US

New Mailing Address:

FEI Number: 59-2277993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WYLAND, SUZETTE
3648 MORNING MEADOW LANE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

WOMBLE, CAROL A
1221 1ST STREET SOUTH #10-A
JACKSONVILLE BEACH, FL 32250 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: CAROL ANN WOMBLE 02/20/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WYLAND, SUZETTE
Address: 3648 MORNING MEADOW LANE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: 1VD () Delete
Name: BEAVER, NANCY
Address: 1819 ASHMORE GREEN DR
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: 2VD () Delete
Name: THODE, DEBORAH
Address: 158 ANNANDALE DR. E
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: SD () Delete
Name: LOVETT, SUE
Address: 5029 CHADROE RD.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: TD () Delete
Name: WOMBLE, CAROL ANN
Address: 1221 1ST ST S., #10-A
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEAVER, NANCY
Address: 1819 ASHMORE GREEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: 1VD (X) Change () Addition
Name: RIMMER, VICTORIA
Address: 1645 KING ARTHUR ROAD
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: 2VD (X) Change () Addition
Name: CLOUTIER, JOSEPH
Address: 3648 MORNING MEADOW LANE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: SD (X) Change () Addition
Name: CHILDRESS, CATHY
Address: 2298 FRIENDLY ROAD
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL ANN WOMBLE TD 02/20/2005

Electronic Signature of Signing Officer or Director Date