2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004366

Entity Name: GATOR CLOWNS OF JACKSONVILLE, INC.

FILED Mar 20, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
PO BOX 54161 JACKSONVILLE, FL 322381643 US							
Current Mailing Address:				New Mailing Address:			
PO BOX 54161 JACKSONVILLE, FL 322381643 US							
FEI Number: 59-2277993 FEI Number Applied For () FEI		FEI Num	mber Not Applicable () Certificate of			Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address of New Registered Agent:				
WOMBLE, CAROL A 1221 1ST STREET SOUTH #10-A JACKSONVILLE BEACH, FL 32250 US				WOMBLE, CAROL A 1221 1ST STREET SOUTH #7-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:				03/20/2006			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () Delete BEAVER, NANCY 1819 ASHMORE GREEN DRIVE JACKSONVILLE, FL 32246 US			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	1VD () C RIMMER, VICTOR 1645 KING ARTH JACKSONVILLE,	UR ROAD		Title: Name: Address: City-St-Zip:	()) Change ()Ado	lition
Title: Name: Address: City-St-Zip:	2VD () D CLOUTIER, JOSE 3648 MORNING M ORANGE PARK, I	JEADOW LANE		Title: Name: Address: City-St-Zip:	LOCKWOOD, 0 5519 NETTIE R		dition
Title: Name: Address: City-St-Zip:	CHILDRESS, CAT 2298 FRIENDLY			Title: Name: Address: City-St-Zip:	()) Change ()Add	lition
Title: Name: Address: City-St-Zip:	WOMBLE, CARO 1221 1ST ST S.,			Title: Name: Address: City-St-Zip:	WOMBLE, CAR 1221 1ST ST S		
Title: Name: Address: City-St-Zip:	() [elete		Title: Name: Address: City-St-Zip:	MARTIN, PANS 7623 BAYMEAU) Change(X) Add Y DOWS CIR. W. # E, FL 32256 US	

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL ANN WOMBLE MRS 03/20/2006