


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90016 025 ****61.25

DOCUMENT # N97000004366

1. Entity Name
GATOR CLOWNS OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
PO BOX 54161 PO BOX 54161
JACKSONVILLE, FL 32238-1643 US JACKSONVILLE, FL 32238-1643 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01222007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2277993** Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

WOMBLE, CAROL A
1221 1ST STREET SOUTH #7-A
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAVER, NANCY 1819 ASHMORE GREEN DRIVE JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD RIMMER, VICTORIA 1645 KING ARTHUR ROAD JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD LOCKWOOD, OLENE 5519 NETTIE ROAD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHILDRESS, CATHY 2298 FRIENDLY ROAD FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS WOMBLE, CAROL ANN 1221 1ST ST S., #10-A JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MARTIN, PANSY 7623 BAYMEADOWS CIR. W. #2021 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH CLOUTIER 2285 MARSH HAWK LANE #12301 ORANGE PARK, FL 32003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD JOY CLUTE 1171 S. LAKE AVE. #1603 JACKSONVILLE, FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBARA A. ANDERSON 6576 MARCEL LANE JACKSONVILLE, FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS JAYNE TRAWICK 7011 SAN SOU CI RD JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROBERT L. ROOKS 102 BERMUDA CT PONTE VEDRA, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert S. Rooks* **5-15-07** **904-296-1055 EX1036**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #