

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 006 ****61.25

DOCUMENT # N97000004366

1. Entity Name

GATOR CLOWNS OF JACKSONVILLE, INC.



Principal Place of Business

PO BOX 54161
JACKSONVILLE FL 32238-1643
US

Mailing Address

PO BOX 54161
JACKSONVILLE FL 32238-1643
US



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

3. Mailing Address

1st MOORE CR2E037 (10/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2277993

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

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

Name **ANDERSON, BARBARA A.**

Street Address (P.O. Box Number is Not Accessible)
6576 MERCEL LANE

City **JACKSONVILLE**

FL

Zip Code **32205**

I, 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 **BARBARA A. ANDERSON**

Barbara A. Anderson

04/17/08

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	CLOUTER, JOSEPH	2285 MARSH HAWK LN 12301	ORANGE PARK FL 32003	<input type="checkbox"/>
1VD	CLUTE, JOY	1171 S LANE AVE 1603	JACKSONVILLE FL 32205	<input type="checkbox"/>
2VD	LOCKWOOD, OLENE	5519 NETTIE ROAD	JACKSONVILLE FL 32207	<input type="checkbox"/>
SD	ANDERSON, BARBARA A	6576 MERCEL LN	JACKSONVILLE FL 32205	<input type="checkbox"/>
MS	TRAWICK, JAYNE	7011 SAN SOUCI-RD	JACKSONVILLE FL 32216	<input type="checkbox"/>
TR	ROOKS, ROBERT L	102 BERMUDA CT	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ANDERSON, BARBARA A.	6576 MERCEL LANE	JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1VD	YOUNG, DELORES	6149 LEONTYNE PRICE CT.	JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2VD	OUTWATER, JOHN	1125 LE BURN DR	JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	WILSON, KENNETH	6241 RIVIERA DR	JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MS	NASH, MIKKI FOX	7152 KARENITA DR	JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TR	MARTIN, PANSY	7623 BAYMEADOWS CIR W #2021	JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 **PANSY MARTIN** *Pansy Martin* 04/17/08