2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004366

FILED Apr 02, 2012 Secretary of State

Entity Name: GATOR CLOWNS OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

158 ANNANDALE DR E 1376 AKRON OAKS DR

JACKSONVILLE, FL 32225 US ORANGE PARK, FL 32065 US

Current Mailing Address: New Mailing Address:

PO BOX 54161

JACKSONVILLE, FL 32245 US

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

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

NEITCH, DEBORAH L GILLESPIE, WILLIAM C 158 ANNANDALE DR E 1376 AKRON OAKS DR

JACKSONVILLE, FL 32225 US ORANGE PARK, FL 32065 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: WILLIAM C. GILLESPIE 04/02/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

 Name:
 GILLESPIE, WILLIAM C

 Address:
 1376 AKRON OAKS DR

 City-St-Zip:
 ORANGE PARK, FL 32065 US

Title: D

Name: ANDERSON, BARBARA Address: 6576 MERCEL LN.

City-St-Zip: JACKSONVILLE, FL 32205 US

Title: DT

 Name:
 WYRICK, MARTHA

 Address:
 1980 HOVINGTON CR. W.

 City-St-Zip:
 JACKSONVILLE, FL 32246 US

Title: DV

 Name:
 MENNILLO, ROBERT

 Address:
 10960 BEACH BLVD, #641

 City-St-Zip:
 JACKSONVILLE, FL 32246 US

Title: DS

Name: BRYAN, ROBIN Address: 5835 OAKLANE DR.

City-St-Zip: JACKSONVILLE, FL 32244 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM C. GILLESPIE P 04/02/2012