

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006008

Entity Name: ALLIGATOR ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

2700 SW 13TH ST
GAINESVILLE, FL 32608

Current Mailing Address:

PO BOX 14257
GAINESVILLE, FL 32604

FEI Number: 26-2163107

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BARBER, CHARLES E
2700 SW 13TH ST
GAINESVILLE, FL 32608 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CDP
Name BARBER, C.E.
Address PO BOX 14257
City-State-Zip: GAINESVILLE FL 32604

Title DSVP
Name CHANCE, JEAN C
Address PO BOX 14257
City-State-Zip: GAINESVILLE FL 32604

Title DTVP
Name CAREY, PATRICIA E
Address PO BOX 14257
City-State-Zip: GAINESVILLE FL 32604

Title D
Name POPE, MARGO
Address PO BOX 14257
City-State-Zip: GAINESVILLE FL 32604

Title D
Name SACHS, RON
Address PO BOX 14257
City-State-Zip: GAINESVILLE FL 32604

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: PATRICIA E CAREY

VICE PRESIDENT

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date