2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 27, 2016
Secretary of State
CC6076953332

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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
1105 W UNIVERSITY AVE
GAINESVILLE, FL 32601 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	5918 NW 158 ST
City-State-Zip:	ALACHUA FL 32615

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

Title	D
Name	POPE, MARGO
Address	226 COQUINA AVE
City-State-Zip:	ST AUGUSTINE FL 32080

Title	D
Name	SACHS, RON
Address	114 S DUVAL ST
City-State-Zip:	TALLAHASSEE FL 32301

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 TREASURER 07/27/2016

Electronic Signature of Signing Officer/Director Detail — Date