

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004366

Entity Name: GATOR CLOWNS OF JACKSONVILLE, INC.**Current Principal Place of Business:**1980 HOVINGTON CIRCLE WEST
JACKSONVILLE, FL 32246**Current Mailing Address:**PO BOX 54161
JACKSONVILLE, FL 32245 US**FEI Number:** 59-2277993**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WYRICK, MARTHA R
1980 HOVINGTON CIRCLE WEST
JACKSONVILLE, FL 32246 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:** MARTHA R WYRICK

03/13/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	JENNINGS, SEAN
Address	PO BOX 54161
City-State-Zip:	JACKSONVILLE FL 32245

Title	PRESIDENT
Name	WATTS, ROBERT
Address	PO BOX 54161
City-State-Zip:	JACKSONVILLE FL 32245

Title	TREASURER
Name	WYRICK, MARTHA
Address	PO BOX 54161
City-State-Zip:	JACKSONVILLE FL 32245

Title	VP
Name	JENNINGS, CAROL
Address	PO BOX 54161
City-State-Zip:	JACKSONVILLE FL 32245

Title	VICE PRESIDENT
Name	PERRY, BRANDY
Address	PO BOX 54161
City-State-Zip:	JACKSONVILLE FL 32245

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: MARTHA WYRICK

TREASURER

03/13/2025

Electronic Signature of Signing Officer/Director Detail

Date