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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737744** **(3)**

1. Corporation Name

FLORIDA TRAPSHOOTERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2810 S. DER RD. PLANT CITY FL 33567 US	2810 S. DER RD. PLANT CITY FL 33567-2340 US

3. Date Incorporated or Qualified: 01/05/1977
3a. Date of Last Report: 06/13/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 23-7317363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AYER, KIM
2810 SO DER RD
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VP~~	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ARLENE TOBACK		1.2 NAME	Arlene Toback	
STREET ADDRESS	17000 PATTERSON RD, STE 19		1.3 STREET ADDRESS	17000 Patterson Rd #47	
CITY-ST-ZIP	ODESSA FL		1.4 CITY-ST-ZIP	Odessa, Fl 33556	
TITLE	P	☒ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	SHORT, OLIVER		2.2 NAME	Buster Ingram,	
STREET ADDRESS	5019 SUWANEEE AVE		2.3 STREET ADDRESS	2570 St. Anthony's St.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Titusville, Fl 32780	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AYERS, KIM		3.2 NAME		
STREET ADDRESS	2810 SO DER RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SANDY MITCHELL, JR.		4.2 NAME		
STREET ADDRESS	17000 PATTERSON RD. #19		4.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	Delegate	☐ Change ☒ Addition
NAME	RUTGER, RON		5.2 NAME	Leon Ponce	
STREET ADDRESS	3404 W. LAWN AVE		5.3 STREET ADDRESS	4442 Cobia Dr. SE	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	St. Petersburg, Fl 33705	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BEASLEY, JIM		6.2 NAME		
STREET ADDRESS	5019 SUWANEE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kim Ayers KIM AYERS April 11, 1997 813 737-3260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046220