

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90222 036 ****61.25

DOCUMENT # 737744

1. Entity Name

FLORIDA TRAPSHOOTERS' ASSOCIATION, INC.



Principal Place of Business

2810 DER RD.
PLANT CITY FL 33566
US

Mailing Address

2810 DER RD.
PLANT CITY FL 33566
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7317363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYERS, KIM
2810 DER RD
PLANT CITY FL 33566

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	☐ Delete
NAME	DARCEY, GENE	
STREET ADDRESS	2420 JASON ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	P	☐ Delete
NAME	WRIGHT, S	
STREET ADDRESS	634 DYAL ST	
CITY-ST-ZIP	JAX FL 32206	
TITLE	ST	☐ Delete
NAME	AYERS, KIM	
STREET ADDRESS	2810 DER RD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	☒ Delete
NAME	SANDY MITCHELL, JR.	
STREET ADDRESS	5957 RIVIERA LN	
CITY-ST-ZIP	NPR FL 34655	
TITLE	D	☒ Delete
NAME	GAZDA, EDWARD	
STREET ADDRESS	485 10TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	D	☐ Delete
NAME	QUILLIAN, EDGAR	
STREET ADDRESS	805 HALLARD RD	
CITY-ST-ZIP	COCOA FL 32926	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	Tom White	
STREET ADDRESS	1259 Windsor Place	
CITY-ST-ZIP	Jacksonville FL 32205	
TITLE		☐ Change ☒ Addition
NAME	Jim Beasley	
STREET ADDRESS	18138 Webster Grove Dr.	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	6041 Ranchwood Dr	
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kim Ayers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 05

Date

813 752-8035

Daytime Phone #