2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 07, 2008 8:00 am **Secretary of State DOCUMENT #737744** 02-07-2008 90013 045 ****61.25 FLORIDA TRAPSHOOTERS' ASSOCIATION, INC. Mailing Address Principal Place of Business 2810 DER RD. 2810 DER RD. PLANT CITY, FL 33566 US PLANT CITY, FL 33566 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012008 Chg-NP CR2E037 (12/06) 4. FEI Number 23-7317363 Applied For City & State City & State Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYERS, KIM (P.O. Box Number is Not Acceptable) **2810 DER RD** PLANT CITY, FL 33566 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete TITLE TILE Gene Darcey OLENN, TIM NAME 2420 Jason 1355 W. PALMETTO PARK RD #114 STREET ADDRESS STREET ADDRESS Merritt Island FL 32952 BOCA RATON, FL 33486 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete IIILE ☐ Change WRIGHT, S NAME NAME 2810 DER RD STREET ADDRESS STREET ADDRESS PLANT CITY, FL 33566 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE AYERS, KIM NAME STREET ADORESS 2810 DER RD STREET ADDRESS PLANT CITY, FL 33566 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE ☐ Change ☐ Addition TITLE WHITE, TOM MARKE STREET ADDRESS 1259 WINDSOR PL STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32205 CITY-ST-7P ☐ Change ☐ Addition Delete TITLE BEASLEY, JIM 18138 WEBSTER GROVE DR STREET ADDRESS STREET ADORESS HUDSON, FL 34667 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ___ Addition GRENEVICKI, LARRY NAME **6285 CAPSTAN CRT** STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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 addres

CITY-ST-ZIP

SIGNATURE:

ROCKLEDGE, FL 32955

FILED