2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 737744

Entity Name: FLORIDA TRAPSHOOTERS' ASSOCIATION, INC.

Current Principal Place of Business:

2810 DER RD.
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

2810 DER RD.
PLANT CITY, FL 33566 US

New Mailing Address:

FEI Number: 23-7317363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AYERS, KIM
2810 DER RD
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

WRIGHT, KIM
2810 DER RD
PLANT CITY, FL 33566 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: KIM AYERS WRIGHT 02/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: DARCEY, GENE
Address: 2420 JASON ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P ( ) Delete
Name: WRIGHT, S
Address: 2810 DER RD
City-St-Zip: PLANT CITY, FL 33566

Title: ST ( ) Delete
Name: AYERS, KIM
Address: 2810 DER RD
City-St-Zip: PLANT CITY, FL 33566

Title: D ( ) Delete
Name: WHITE, TOM
Address: 1259 WINDSOR PL
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: BEASLEY, JIM
Address: 18138 WEBSTER GROVE DR
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: GRENEVICKI, LARRY
Address: 6285 CAPSTAN CRT
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BENNETT, RALPH
Address: PO BOX 8918
City-St-Zip: JACKSONVILLE, FL 32239

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: WRIGHT, KIM
Address: 2810 DER RD
City-St-Zip: PLANT CITY, FL 33566

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIM AYERS WRIGHT MRS 02/23/2009
Electronic Signature of Signing Officer or Director Date