

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737744

Entity Name: FLORIDA TRAPSHOOTERS' ASSOCIATION, INC.**Current Principal Place of Business:**933 VILLAGE DR
ORMOND BEACH, FL 32174**Current Mailing Address:**933 VILLAGE DR
ORMOND BEACH, FL 32174 US**FEI Number:** 23-7317363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REYNOLDS, DENISE
933 VILLAGE DR
ORMOND BEACH, FL 32174 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	NORRIS, STEVE
Address	4701 NE 2ND TERRACE
City-State-Zip:	FT. LAUDERDALE FL 33334

Title	DIRECTOR
Name	JACOBS, JAKE
Address	7760 PALOMINO TRAIL
City-State-Zip:	JACKSONVILLE FL 32244

Title	DIRECTOR
Name	EHLERS, SCARLETT A
Address	6679 RAVINE STREET
City-State-Zip:	MILTON FL 32570

Title	DIRECTOR
Name	RICKARD, GARY
Address	2635 BANTRY BAY BLVD
City-State-Zip:	TALLAHASSEE FL 32309

Title	ST
Name	REYNOLDS, DENISE
Address	933 VILLAGE DR
City-State-Zip:	ORMOND BEACH FL 32174

Title	P
Name	JACOBS, JAKE
Address	7760 PALOMINO TRAIL
City-State-Zip:	JACKSONVILLE FL 32244

Title	VP
Name	REYNOLDS, MIKE
Address	933 VILLAGE DR
City-State-Zip:	ORMOND BEACH FL 32174

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: DENISE REYNOLDS-FLORIDA TRAPSHOOTERS
ASSOCIATION**SECRETARY/TREASURER** 01/07/2022_____
Electronic Signature of Signing Officer/Director Detail_____
Date