

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738078

FILED
Jan 19, 2009
Secretary of State

Entity Name: ALLIGATOR POINT TAXPAYERS' ASSOCIATION, INC.

Current Principal Place of Business:

A250, CR 370
PANACEA, FL 32346 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 213
PANACEA, FL 32346

New Mailing Address:

FEI Number: 59-1766462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMBROUGH, WILLIAM W
1299 ANGUS MORRISON DR
ALLIGATOR POINT, FL 32346 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OSBORN, KENNETH
Address: 1508 ALLIGATOR DR
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: SD () Delete
Name: GODFREY, CAMILLA
Address: 1593 ALLIGATOR DR
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: TD () Delete
Name: KIMBROUGH, WILLIAM W
Address: 1299 ANGUS MORRISON DR
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: DV () Delete
Name: MURPHY, JOHN
Address: 766 ALLIGATOR DR
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: DV () Delete
Name: SOSEBEE, EDDIE JR
Address: 1540 ALLIGATOR DR
City-St-Zip: ALLIGATOR POINT, FL 32346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MURPHY, JOHN
Address: 766 ALLIGATOR DR
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: SD (X) Change () Addition
Name: MUNROE, DON
Address: 12 GROUPER ST
City-St-Zip: ALLIGATOR POINT, FL 32346

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

Title: DV (X) Change () Addition
Name: HAMBROSE, JOE
Address: 1551 ALLIGATOR DR
City-St-Zip: ALLIGATOR POINT, FL 32346

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: WILLIAM W KIMBROUGH

TD

01/19/2009

Electronic Signature of Signing Officer or Director

Date