

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90077 029 \*\*\*\*61.25

0074768

**DOCUMENT # 753571**

1. Corporation Name

**FLORIDA ALLIGATOR FARMERS ASSOCIATION, INC.**

Principal Place of Business

C/O KEVIN O. FOSTER  
33285 HIGHWAY 441 NORTH  
OKEECHOBEE FL 34972

Mailing Address

C/O KEVIN O. FOSTER  
33285 HIGHWAY 441 NORTH  
OKEECHOBEE FL 34972



2. Principal Place of Business

21 **P.O. BOX 265**

Suite, Apt. #, etc.

22

2a. Mailing Address

26 **P.O. BOX 265**

Suite, Apt. #, etc.

27

3. Date Incorporated or Qualified

**08/01/1980**

4. FEI Number

**59-2962964**

Applied For

Not Applicable

City & State

23 **OKEECHOBEE, FL**

Zip

**34973**

Country

**USA**

24

City & State

28 **OKEECHOBEE, FL**

Zip

**34973**

Country

**USA**

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

OERTEL, KENNETH G., ESQ.  
LEWIS STATE BANK BLDG.  
SUITE 646  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**KEVIN O. FOSTER**

**2/24/99**

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**  
NAME **PARROTT, G.O.**  
STREET ADDRESS **P.O. BOX 892, HWY. 472**  
CITY-ST-ZIP **BUSHNELL FL**

TITLE **VPD** ☐ DELETE

NAME **FROELICH, EDWIN F.**  
STREET ADDRESS **26256 E. HWY 50**  
CITY-ST-ZIP **CHRISTMAS FL**

TITLE **VD** ☐ DELETE

NAME **FOSTER, KEVIN**  
STREET ADDRESS **32801 US HWY 441 N #2**  
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/99**

Date

**941-763-1860**

Daytime Phone #

CR2E037 (11/98)