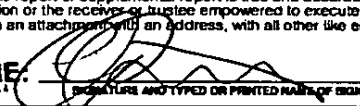


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/3

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-03-2005 90174 001 ****61.25

DOCUMENT # N03434 1. Entity Name FLORIDA FLYING GATORS ULTRALIGHT ASSOCIATION, INC.					
Principal Place of Business 10817 LIBBY NO. 3 ROAD P.O. BOX 120331 CLERMONT, FL 34712 US			Mailing Address P.O. BOX 120331, N/A P.O. BOX 120331 CLERMONT, FL 34712-0331 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RESNICK, ALAN 3795 LAKE MIRAGE BLVD. ORLANDO, FL 32817				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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  _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing -- Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESNICK, ALAN 3795 LAKE MIRAGE BLVD ORLANDO, FL 32817 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOUCHETTE, ROBERT 3548 PALM VALLEY CIRCLE OVIEDO, FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERICSSON, KRYSTAL 251 SONOMA VALLEY CIR ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAYNER, ROBERT 11432 PEACHSTONE CT. ORLANDO, FL 32821 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Cantrill, Charles 8431 Bay Oak Ct. Orlando, FL 32810 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANTRILL, FRANCESCA 8431 BAY OAK CT ORLANDO, FL 32810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66009006



02042005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2956907 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Alan L. Resnick, Pres.

4/2/05