

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90050 048 \*\*\*\*61.25

<b>DOCUMENT # N03434</b> 1. Entity Name <b>FLORIDA FLYING GATORS ULTRALIGHT ASSOCIATION, INC.</b>					
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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>3795 Lake Mirage Blvd</b> Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>Orlando, FL</b> Zip                      Country <b>32817                      Orange</b>		4. FEI Number <b>59-2956907</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>RESNICK, ALAN</b> <b>3795 LAKE MIRAGE BLVD.</b> <b>ORLANDO, FL 32817</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>RESNICK, ALAN</b> <b>3795 LAKE MIRAGE BLVD</b> <b>ORLANDO, FL 32817</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>YOWELL, THOMAS A.</b> <b>569 Summerwood Dr.</b> <b>Minneapolis, FL 34215</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>TOUCHETTE, ROBERT</b> <b>3548 PALM VALLEY CIRCLE</b> <b>OVIDO, FL 32785</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>GRIFFITH, FREDRIC</b> <b>2242 Orangewood Ct.</b> <b>Zellwood, FL 32798</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ERICSSON, KRISTAL</b> <b>251 SONOMA VALLEY CIR</b> <b>ORLANDO, FL 32835</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>CANTRILL, CHARLES</b> <b>8431 BAY OAK CT</b> <b>ORLANDO, FL 32810</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CANTRILL, FRANCESCA</b> <b>8431 BAY OAK CT</b> <b>ORLANDO, FL 32810</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <b>ALAN RESNICK</b> <b>2/12/07</b> <b>407-493-8597</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					