

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03434

FILED
Feb 05, 2009
Secretary of State

Entity Name: FLORIDA FLYING GATORS ULTRALIGHT ASSOCIATION, INC.

Current Principal Place of Business:

10817 LIBBY NO. 3 ROAD
CLERMONT, FL 34712 US

New Principal Place of Business:

Current Mailing Address:

3795 LAKE MIRAGE BLVD.
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 59-2956907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESNICK, ALAN
3795 LAKE MIRAGE BLVD.
ORLANDO, FL 32817 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: PD () Delete
Name: RESNICK, ALAN
Address: 3795 LAKE MIRAGE BLVD
City-St-Zip: ORLANDO, FL 32817

Title: T () Delete
Name: RESNICK, ALAN L
Address: 3795 LAKE MIRAGE BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: GRIFFITH, FREDERIC
Address: 2242 ORANGEWOOD CT.
City-St-Zip: ZELLWOOD, FL 32798

Title: VPD () Delete
Name: CANTRILL, CHARLES
Address: 8431 BAY OAK CT
City-St-Zip: ORLANDO, FL 32810

Title: SD () Delete
Name: CANTRILL, FRANCESCA
Address: 8431 BAY OAK CT
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALAN L. RESNICK

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date