

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90006 011 ****61.25

DOCUMENT # N24587

1. Entity Name
FLORIDA ALLIGATOR TRAPPERS ASSOCIATION, INC.



Principal Place of Business
**17530 NALLE RD
N FORT MYERS, FL 33917 US**

Mailing Address
**17530 NALLE RD
N FORT MYERS, FL 33917 US**

DO NOT WRITE IN THIS SPACE



03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0221183

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRENCH, JOHN R
17530 NALLE RD
FORT MYERS, FL 33917**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRENCH, JOHN R
STREET ADDRESS	17530 NALLE RD
CITY-ST-ZIP	N FT MEYRS, FL
TITLE	DP
NAME	TAFF, HOUSTON
STREET ADDRESS	RT 3 BOX 5061
CITY-ST-ZIP	CRAWFORDVILLE, FL
TITLE	D
NAME	WOOLARD, JOHN
STREET ADDRESS	P O BOX 1846, N A
CITY-ST-ZIP	STUART, FL
TITLE	DVP
NAME	STRATTON, RUFUS
STREET ADDRESS	3151 STRATTON BLVD
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

3-25-05 239-543-3127