


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90264 001 ****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		
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 FRENCH, JOHN R 17530 NALLE RD FORT MYERS, FL 33917				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 <u><i>John R French</i></u>				<u>1-11-06</u>
<small>Signature typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRENCH, JOHN R	NAME		
STREET ADDRESS	17530 NALLE RD	STREET ADDRESS		
CITY-ST-ZIP	N FT MEYRS, FL	CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAFF, HOUSTON	NAME		
STREET ADDRESS	RT 3 BOX 5061	STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOLARD, JOHN	NAME		
STREET ADDRESS	P O BOX 1846, N A	STREET ADDRESS		
CITY-ST-ZIP	STUART, FL	CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRATTON, RUFUS	NAME		
STREET ADDRESS	3151 STRATTON BLVD	STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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.				
SIGNATURE: _____				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>	<small>Daytime Phone #</small>



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-0221183** Applied For Not Applicable

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