FILED
Aug 27, 2007 8:00 am
Secretary of State
08-27-2007 90035 040 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

40130451

06012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

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

7. Name and Address of New Registered Agent

Name TRACY R. HANSEN
Street Address (P.O. Box Number is Not Acceptable) 17530 NALLE RD.
City N. FT MYERS FL Zip Code 33917

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] TRACY R. HANSEN 6-1-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remailing) DATE

Filing Fee is $61.25
Due by September 14, 2007

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	D	☒ Delete	TITLE	TRACY R. HANSEN	☐ Change ☒ Addition
NAME	FRENCH, JOHN R		NAME		
STREET ADDRESS	17530 NALLE RD		STREET ADDRESS	17530 NALLE RD	
CITY-ST-ZIP	N FT MEYRS, FL		CITY-ST-ZIP	N FT. MYERS 33917	
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TAFF, HOUSTON		NAME		
STREET ADDRESS	RT 3 BOX 5061		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ 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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STRATTON, RUFUS		NAME		
STREET ADDRESS	3151 STRATTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: [signature] TRACY R. HANSEN 6-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

049J82020052
$00.410
08/09/2007
Mailed From 32301
US POSTAGE

Proof of mailed in timely manner

33917+2233-30 R053

returned in 7 days

ATTACHMENT

4D130451
#N24587