

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90035 040 ****61.25

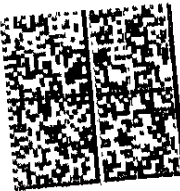
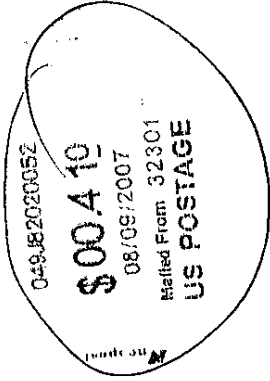
2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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		
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
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 <u>TRACY R. HANSEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>17530 NALLE RD.</u> City <u>N. FT MYERS</u> FL Zip Code <u>33917</u>		
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>Tracy R. Hansen</u> <u>TRACY R. HANSEN</u> <u>6-1-07</u> (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when renewing) 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	☐ Change ☒ Addition		
NAME	FRENCH, JOHN R	NAME	TRACY R. HANSEN		
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: <u>Tracy R. Hansen</u> <u>TRACY R. HANSEN</u> <u>6-1-07</u> (Signature and typed or printed name of signing officer or director) Date Daytime Phone #					

ATTACHMENT

40130451

N24587



Proof of mailed in timely manner

returned in 7 days

33917+2233-30 R053



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