

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24587

FILED
Jul 19, 2008
Secretary of State

Entity Name: FLORIDA ALLIGATOR TRAPPERS ASSOCIATION, INC.

Current Principal Place of Business:

17530 NALLE RD
N FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

17530 NALLE RD
N FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 65-0221183 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HANSEN, TRACY R
17530 NALLE RD
FORT MYERS, FL 33917 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: D () Delete
Name: HANSEN, TRACY R
Address: 17530 NALLE RD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DP () Delete
Name: TAFF, HOUSTON,
Address: RT 3 BOX 5061
City-St-Zip: CRAWFORDVILLE, FL

Title: D () Delete
Name: WOOLARD, JOHN,
Address: P O BOX 1846, N A
City-St-Zip: STUART, FL

Title: DVP () Delete
Name: STRATTON, RUFUS,
Address: 3151 STRATTON BLVD
City-St-Zip: ST. AUGUSTINE, FL

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:

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: TRACY R HANSEN

DIR

07/19/2008

Electronic Signature of Signing Officer or Director

Date