

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730962

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** FLORIDA ORNITHOLOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

DIV. OF BIRDS, FL MUS NAT HIS  
UNIVERSITY OF FLORIDA  
GAINESVILLE, FL 32611 US

**New Principal Place of Business:**

**Current Mailing Address:**

8558 SE SHARON STREET  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

**FEI Number:** 59-1869360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERRITT, PETER G  
8558 SE SHARON STREET  
HOBE SOUND, FL 33455 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: T ( ) Delete  
Name: MERRITT, PETER G  
Address: 8558 SE SHARON STREET  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: P ( ) Delete  
Name: JACKSON, JEROME A  
Address: 10501 FGCU BLVD. SOUTH  
City-St-Zip: FORT MYERS, FL 33965 US

Title: V ( ) Delete  
Name: HODGSON, ANN B  
Address: 410 WARE BOULEVARD, SUITE 702  
City-St-Zip: TAMPA, FL 33619 US

Title: S ( ) Delete  
Name: COX, JIM  
Address: 1503 WEKEWA NENE  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: E ( ) Delete  
Name: ROBINSON, SCOTT K  
Address: 8936 SW 11TH AVE  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: E (X) Delete  
Name: NOSS, REED F  
Address: 400 CENTRAL FLORIDA BLVD.  
City-St-Zip: ORLANDO, FL 32816 US

**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:

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: PETER G. MERRITT

T

02/05/2009

Electronic Signature of Signing Officer or Director

Date