

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N10297** (2)  
1. Corporation Name

**ANN YOUNG WILDBIRD REFUGE, INC.**



Principal Place of Business: 157 E. NEW ENGLAND AVE. SUITE 375 WINTER PARK FL 32789  
Mailing Address: 157 E. NEW ENGLAND AVE. SUITE 375 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 07/17/1985  
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: 59-3048213  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HOBBY, WILLIAM M III**  
1327 N MILLS AVE  
ORLANDO FL 32803

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, ANN	
STREET ADDRESS	205 ROBIN ROAD	
CITY - ST - ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTLIEF, JOANIE	
STREET ADDRESS	1840 MEGASER WAY	
CITY - ST - ZIP	GENEVA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LA TUSHA, LINDA	
STREET ADDRESS	1626 FRANCES DRIVE	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, ANN	
STREET ADDRESS	2709 CATTAIL CT.	
CITY - ST - ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann Young 4-10-96 (407) 339-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)