


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N10297					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FCI Number 59-3048213	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOBBY, WILLIAM M III 1327 N MILLS AVE ORLANDO FL 32803			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	000000518773 <input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	YOUNG, ANN	NAME	05/02/06-80025-010 61.25		
STREET ADDRESS	205 ROBIN ROAD	STREET ADDRESS			
CITY - ST - ZIP	ALTAMONTE SPGS. FL	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	LA TUSCHA, LINDA	NAME			
STREET ADDRESS	3385 LAKE HARNEY CIRCLE	STREET ADDRESS			
CITY - ST - ZIP	GENEVA FL 32732	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	GALBRAITH, DEBBIE	NAME			
STREET ADDRESS	37605 CR 44A	STREET ADDRESS			
CITY - ST - ZIP	EUSTIS FL 32736	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	JAMES, DAHNA	NAME			
STREET ADDRESS	4703 STATE RD 33	STREET ADDRESS			
CITY - ST - ZIP	CLERMONT FL 34711-8671	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
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 Section 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.