

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730962

Entity Name: FLORIDA ORNITHOLOGICAL SOCIETY, INC.**Current Principal Place of Business:**DIV. OF BIRDS, FL MUS NAT HIS
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611**Current Mailing Address:**766 ALLIGATOR DRIVE
ALLIGATOR PT, FL 32346 US**FEI Number:** 59-1869360**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURPHY, JOHN M
766 ALLIGATOR DRIVE
ALLIGATOR PT, FL 32346 US*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

Officer/Director Detail :

Title	T
Name	MURPHY, JOHN M
Address	766 ALLIGATOR DRIVE
City-State-Zip:	ALLIGATOR PT FL 32346

Title	P
Name	GOODWIN, ROBERT D
Address	807 WOODCARVER LANE
City-State-Zip:	BRANDON FL 33510

Title	V
Name	PAUL, ANN
Address	11586 W. BAYSHORE DR.
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	S
Name	AHERN, BRIAN
Address	629 GAIL AVENUE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	E
Name	ROBINSON, SCOTT K
Address	8936 SW 11TH AVE
City-State-Zip:	GAINESVILLE FL 32607

Title	SPE
Name	JACKSON, JEROME A
Address	10501 FGCU BLVD.
City-State-Zip:	SOUTH FORT MYERS FL 33965

I hereby 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 all other like empowered.

SIGNATURE: JOHN M MURPHY**TREASURER****01/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date