2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 730962 May 04, 2007
Secretary of State

Entity Name: FLORIDA ORNITHOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

3455 DORCHESTER CT 8558 SE SHARON STREET

TALLAHASSEE, FL 32312 US HOBE SOUND, FL 33455 US

Current Mailing Address: New Mailing Address:

3455 DORCHESTER CT 8558 SE SHARON STREET TALLAHASSEE, FL 32312 US HOBE SOUND, FL 33455 US

FEI Number: 59-1869360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

JUE, DEAN K

3455 DORCHESTER CT

TALLAHASSEE, FL 32312 US

MERRITT, PETER G

8558 SE SHARON STREET

HOBE SOUND, FL 33455 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: PETER G MERRITT 05/04/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

EAST PALATKA, FL 32131

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

FILED

Title: T () Delete Title: T (X) Change () Addition
Name: JUE, DEAN K Name: MERRITT, PETER G

Address: 3455 DORCHESTER CT Address: 8558 SE SHARON STREET
City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: HOBE SOUND, FL 33455 US

Title: P () Delete Title: P (X) Change () Addition Name: HAILMAN, JACK Name: JACKSON, JEROME A Address: 143 BEACON LANE Address: 10501 FGCU BLVD. SOUTH

City-St-Zip: JUPITER, FL 33469 City-St-Zip: FORT MYERS, FL 33965 US

Title: V () Delete Title: V (X) Change () Addition Name: WHITING, SUSAN B Name: HODGSON, ANN B

Address: 3901 SE ST LUCRE BLVD, S #54 Address: 410 WARE BOULEVARD, SUITE 702

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 TAMPA, FL 33619 US

Title: D () Delete Title: S (X) Change () Addition Name: KING, JOYCE Name: COX, JIM

 Address:
 11645 69TH WAY N
 Address:
 1503 WEKEWA NENE

 City-St-Zip:
 LARGO, FL 33773
 City-St-Zip:
 TALLAHASSEE, FL 32301 US

Title: D () Delete Title: E (X) Change () Addition Name: BRYAN, JUDY Name: ROBINSON, SCOTT K

Address: 1924 SW 43RD AVE Address: 8936 SW 11TH AVE
City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32607 US

 Title:
 S () Delete
 Title:
 E (X) Change () Addition

 Name:
 BOWEN, PAMELA J
 Name:
 NOSS, REED F

 Address:
 309 MOONSTONE DR.
 Address:
 400 CENTRAL FLORIDA BLVD.

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.

City-St-Zip:

OLANDO, FL 32816 US

SIGNATURE: PETER G MERRITT T 05/04/2007