

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90235 026 \*\*\*\*61.25

**DOCUMENT # 744264**

1. Entity Name

THE AVIARY AND CAGE BIRD SOCIETY OF SOUTH  
FLORIDA, INC.



Principal Place of Business

851 NW 115TH AVE  
PLANTATION FL 33325

Mailing Address

851 NW 115TH AVE  
PLANTATION FL 33325

2. Principal Place of Business

2523 SW 65th Terrace

Suite, Apt. #, etc.

3. Mailing Address

22523 SW 65th Terrace

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33428

Country

USA

Zip

33428

Country

USA

4. FEI Number

59-1926480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILKAT, ALBERT O  
7520 N.W. 7TH STREET  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VD  
NAME: MARCIA, DAVID ☐ Delete  
STREET ADDRESS: 661 SW 54TH AVE  
CITY-ST-ZIP: PLANTATION FL 33331

TITLE: TD  
NAME: FLORIO, JOSEPH ☐ Delete  
STREET ADDRESS: 736 SW 14TH AVE  
CITY-ST-ZIP: FORT LAUDERDALE FL 33312

TITLE: SD  
NAME: TAYLOR, NOREEN ☐ Delete  
STREET ADDRESS: 2980 SW 22ND ST  
CITY-ST-ZIP: FORT LAUDERDALE FL 33312

TITLE: PD  
NAME: CUSICK, RUTH L ☐ Delete  
STREET ADDRESS: 851 NW 115TH AVE  
CITY-ST-ZIP: PLANTATION FL 33325

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD ☒ Change ☐ Addition  
NAME: Melba Wilkat  
STREET ADDRESS: 7520 N.W. 7th Street  
CITY-ST-ZIP: Plantation, FL 33317

TITLE: TD ☒ Change ☐ Addition  
NAME: Marcia David  
STREET ADDRESS: 661 SW 54th Avenue  
CITY-ST-ZIP: Plantation, FL 33331

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PD ☒ Change ☐ Addition  
NAME: Robert Tame  
STREET ADDRESS: 22523 SW 65th Terrace  
CITY-ST-ZIP: Boca Raton, FL 33428

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Robert Tame*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-04

561-852-1615

Date

Daytime Phone #