


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 744264		
1. Entity Name THE AVIARY AND CAGE BIRD SOCIETY OF SOUTH FLORIDA, INC.		
Principal Place of Business 2523 SW 65TH TERR BOCA RATON, FL 33428	Mailing Address 22523 SW 65TH TERR BOCA RATON, FL 33428	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILKAT, ALBERT O 7520 N.W. 7TH STREET PLANTATION, FL 33317		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and this is applicable. (NOT for Registered Agent signature required when translating)</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILKAT, MELBA 7520 NW 7TH STREET PLANTATION, FL 33317	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID, MARCIA 661 SW 54TH AVE PLANTATION, FL 33331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, NOREEN 2980 SW 22ND ST FORT LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAME, ROBERT 22523 SW 65TH TERR BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>MARCIA DAVID Marcia David</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-12-05 954-321-9229 <small>Dialing Phone #</small>



07122005 No Chg-NP CR2E037 (10/03)

4. FCI Number
59-1926480

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U000000372983

07/15/05-80005-014 61.25