FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 16 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763058 (5)

1. Corporation Name

SUNSHINE STATE CAGE BIRD SOCIETY, INC.

600001409976
-02/20/95--01037--003
DO NOT WRITE IN THIS SPACE *******130.00**

Principal Place of Business	Mailing Address
P.O. BOX 83 ORLANDO FL 32802	P.O. BOX 83 ORLANDO FL 32802

3. Date Incorporated or Qualified: 04/30/1982
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2980987 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TILLMAN, LETA
9724 5TH AVE
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	P ☐ Change ☐ Addition
NAME	LAIRD, DALE	12 NAME	HUDA, Debbie
STREET ADDRESS	1166 VILLAGE FOEST PLACE	13 STREET ADDRESS	1203 N. Nowell Street
CITY-ST-ZIP	WINTER PARK FF	14 CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	PD	21 TITLE	V ☐ Change ☐ Addition
NAME	HUDA, DEBBIE	22 NAME	Laird, Dale
STREET ADDRESS	1203 N. NOWELL STREET	23 STREET ADDRESS	1166 Village Forest Place
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	SD	31 TITLE	S ☐ Change ☐ Addition
NAME	RATLISS, DEBORAH	32 NAME	RATLIFF, Deborah
STREET ADDRESS	P.O. BOX 615 N/A	33 STREET ADDRESS	P.O. Box 615 N/A
CITY-ST-ZIP	CHULUOTA FL 32766-0615	34 CITY-ST-ZIP	Chuluota, FL 32766-0615
TITLE	TD	41 TITLE	T ☐ Change ☐ Addition
NAME	TILLMAN, LETA	42 NAME	Tillman, Leta
STREET ADDRESS	9724 5TH AVE	43 STREET ADDRESS	9724 5th Ave.
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	ORLANDO, FL 32824-8423
TITLE	D T.S. 2/16/95	51 TITLE	D ☐ Change ☐ Addition
NAME	TRAENKNER, JOAN	52 NAME	TRAENKNER, Joan
STREET ADDRESS	75 S. CORTEZ AVE.	53 STREET ADDRESS	75 S. Cortez
CITY-ST-ZIP	WINTER SPRINGS FL 32708	54 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	BULLARD, CHARLOTTE	62 NAME	Bullard, Charlotte
STREET ADDRESS	4295 ROCKY RIDGE PLACE	63 STREET ADDRESS	4295 Rocky Ridge Place
CITY-ST-ZIP	SANFORD FL 32773	64 CITY-ST-ZIP	SANFORD, FL 32773

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leta R. Tillman Leta R. Tillman 2/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004078