

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **763058** (5)

1. Corporation Name

SUNSHINE STATE CAGE BIRD SOCIETY, INC.



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

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TILLMAN, LETA
9724 5TH AVE
ORLANDO FL 32824**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☒ DELETE
NAME **LAIRD, DALE**
STREET ADDRESS **1166 VILLAGE FOEST PLACE**
CITY-ST-ZIP **WINTER PARK FL**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Donald Winter**
1.3 STREET ADDRESS **1971 Geronimo Trail**
1.4 CITY-ST-ZIP **Maitland, FL 32751**

TITLE **P** ☒ DELETE
NAME **HUDA, DEBBIE**
STREET ADDRESS **1203 N. NOWELL STREET**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **Vice President** ☒ Change ☐ Addition
2.2 NAME **Floyd Tillman**
2.3 STREET ADDRESS **5210 First St.**
2.4 CITY-ST-ZIP **Orlando FL 32810**

TITLE **S** ☒ DELETE
NAME **RATLIFF, DEBORAH**
STREET ADDRESS **P.O. BOX 615 N/A**
CITY-ST-ZIP **CHULUOTA FL 32766-0615**

3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **Kim Griffin**
3.3 STREET ADDRESS **1933 Tayloe Ave.**
3.4 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **T** ☐ DELETE
NAME **TILLMAN, LETA**
STREET ADDRESS **9724 5TH AVE**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TRAENKNER, JOAN**
STREET ADDRESS **75 S. CORTEZ AVE.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **400001735074**
5.3 STREET ADDRESS **-03/07/96--01014--015**
5.4 CITY-ST-ZIP *****61.25**

TITLE **D** ☐ DELETE
NAME **BULLARD, CHARLOTTE**
STREET ADDRESS **4295 ROCKY RIDGE PLACE**
CITY-ST-ZIP **SANFORD FL 32773**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96
Date

855-3367
Daytime Phone #

ST 32701
State

CR2E037 (12/95)