

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763058 (5)**  
 1. Corporation Name  
**SUNSHINE STATE CAGE BIRD SOCIETY, INC.**

Principal Place of Business <b>P.O. BOX 83 ORLANDO FL 32802</b>	Mailing Address <b>P.O. BOX 83 ORLANDO FL 32802</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/30/1982</b>	4. FEI Number <b>59-2980987</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>TILLMAN, LETA 9724 5TH AVE ORLANDO FL 32824</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

<b>WINTER, DONALD</b> <b>1971 GERONIMO TR</b> <b>MATLAND FL 32751</b>	<b>LAORIE RAVEN</b> <b>1800 N HWY 426</b> <b>ORLANDO FL 32765</b>
<b>TILLMAN, FLOYD</b> <b>5210 FIRST ST</b> <b>ORLANDO FL 32810</b>	<b>SANDY WATERS</b> <b>2524 MARZELL AVENUE</b> <b>ORLANDO FL 32806</b>
<b>GRIFFIN, KIM</b> <b>1935 TAYLOR AVE</b> <b>WINTER PARK FL 32792</b>	
<b>TILLMAN, LETA</b> <b>9724 5TH AVE</b> <b>ORLANDO FL</b>	
<b>TRAENKNER, JOAN</b> <b>75 S. CORTEZ AVE.</b> <b>WINTER SPRINGS FL 32708</b>	
<b>BULLARD, CHARLOTTE</b> <b>4295 ROCKY RIDGE PLACE</b> <b>SANFORD FL 32773</b>	

14. 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 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:** *Donald E. Winter* **DONALD E. WINTER 843-1800**

CR2E037 (10/97)