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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763058

1. Corporation Name

SUNSHINE STATE CAGE BIRD SOCIETY, INC.

Principal Place of Business

P.O. BOX 83
 ORLANDO FL 32802

Mailing Address

P.O. BOX 83
 ORLANDO FL 32802



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/30/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2980987	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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 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	T <input type="checkbox"/> DELETE	1.1 TITLE	PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, DONALD	1.2 NAME	Floyd Tillman
STREET ADDRESS	1971 GERONIMO TR	1.3 STREET ADDRESS	5210 First St.
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vpres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, FLOYD	2.2 NAME	Susan Wellman
STREET ADDRESS	5210 FIRST ST	2.3 STREET ADDRESS	409 Lucille Way
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, KIM	3.2 NAME	Laurie Raven
STREET ADDRESS	1935 TAYLOR AVE	3.3 STREET ADDRESS	1800 Hwy 426
CITY-ST-ZIP	WINTER PARK FL 32792	3.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVEN, LAURIE	4.2 NAME	Leta Tillman
STREET ADDRESS	1800 HWY 426	4.3 STREET ADDRESS	9724 5th Ave
CITY-ST-ZIP	OVEIDO FL 32765	4.4 CITY-ST-ZIP	Orlando FL 32824
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Dale Laid <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAENKNER, JOAN	5.2 NAME	Director
STREET ADDRESS	75 S. CORTEZ AVE.	5.3 STREET ADDRESS	Box 2459
CITY-ST-ZIP	WINTER SPRINGS FL 32708	5.4 CITY-ST-ZIP	Goldenrod FL 32733
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Linda Greeson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLARD, CHARLOTTE	6.2 NAME	Director
STREET ADDRESS	4295 ROCKY RIDGE PLACE	6.3 STREET ADDRESS	P.O. Box 609
CITY-ST-ZIP	SANFORD FL 32773	6.4 CITY-ST-ZIP	Fruitland Park, FL 34731-0609

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/99

unlisted