


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 11, 2005 08:00 AM  
Secretary of State

|  |   |
|--|---|
| DOCUMENT # N00000007025  |  |
| 1. Entity Name<br>AVICULTURE DEVELOPMENT & EDUCATION<br>FOUNDATION, INC. |   |

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|--|--|
| Principal Place of Business<br>530 ACACIA ROAD<br>VERO BEACH, FL 32963 | Mailing Address<br>530 ACACIA ROAD<br>VERO BEACH, FL 32963 |
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08032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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|--|--|
| 4. FEI Number<br>65-1021443  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional<br>Fee Required                      |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>PEFLEY, CHERANE<br>530 ACACIA ROAD<br>VERO BEACH, FL 32963 |
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**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 *Cherane Pefley* (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>PEFLEY, CHERANE<br>530 ACACIA ROAD<br>VERO BEACH, FL 32963    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MYER, LINDA<br>1963 FALLEN CIRCLE<br>MELBOURNE, FL 32940       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KNOX, DANA M<br>1380 4TH COURT<br>VERO BEACH, FL 32960         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PATTISON, JEAN<br>6615 NEW TAMPA HIGHWAY<br>LAKELAND, FL 33815 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MOLEND, SANDEE<br>PO BOX 2547<br>SANTA CRUZ, CA 95063          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000376151  
08/11/05-80003-008 70.00

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IN THIS SPACE**

12. 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 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: *Cherane Pefley* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Aug 11, 2005 Daytime Phone #