

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007025

FILED
Jun 27, 2006
Secretary of State

Entity Name: AVICULTURE DEVELOPMENT & EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

530 ACACIA ROAD
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

530 ACACIA ROAD
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 65-1021443 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEFLEY, CHERANE
530 ACACIA ROAD
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PEFLEY, CHERANE
Address: 530 ACACIA ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: MYER, LINDA
Address: 1963 FALIEN CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: KNOX, DANA M
Address: 1380 4TH COURT
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: PATTISON, JEAN
Address: 6615 NEW TAMPA HIGHWAY
City-St-Zip: LAKE LAND, FL 33815

Title: V () Delete
Name: MOLEND A, SANDEE
Address: PO BOX 2547
City-St-Zip: SANTA CRUZ, CA 95063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FAUCHER, ALLYSON
Address: 50 OAKLEAF DRIVE
City-St-Zip: WATERBURY, CT 06708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOLEND A, SANDEE
Address: PO BOX 2547
City-St-Zip: SANTA CRUZ, CA 95063

Title: D () Change (X) Addition
Name: JORDAN, RICKY N
Address: 111 BARTON BIN
City-St-Zip: DRIPPING SPRING, TX 78620

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERANE PEFLEY

DP

06/27/2006

Electronic Signature of Signing Officer or Director

Date