

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007025

FILED
Jul 17, 2008
Secretary of State

Entity Name: AVICULTURE MICROBIOLOGY FOUNDATION, INC

Current Principal Place of Business:

14877 SNAIL TRAIL
LOXAHATCHEE GROVES, FL 33470

New Principal Place of Business:

Current Mailing Address:

14877 SNAIL TRAIL
LOXAHATCHEE GROVES, FL 33470

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
14877 SNAIL TRAIL
LOXAHATCHEE GROVES, FL 33470 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: 14877 SNAIL TRAIL
City-St-Zip: LOXAHATCHEE GROVES, FL 33470

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

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

Title: D () Delete
Name: HUNTER, KIM
Address: 201A MCCRAY STREET #227
City-St-Zip: HOLLISTER, CA 95023

Title: D () Delete
Name: SUTERA, PAM
Address: 3065 S.E. DARIEN ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LENNOX, JUDITH
Address: 1826 SIXTY OAKS LN
City-St-Zip: VERO BEACH, FL 32966

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

Title: D (X) Change () Addition
Name: MARTIN, PHYLLIS
Address: 1314 STATE RD 60 W
City-St-Zip: PLANT CITY, FL 33567 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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

07/17/2008

Electronic Signature of Signing Officer or Director

Date