2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90221 042 ****61.25

DOCUMENT # N01000000457

1. Entity Name
TRI-STATE AVIAN SOCIETY, INC.

Principal Place of Business	Mailing Address
4205 W.W. KELLEY RD. TALLAHASSEE, FL 32311	P.O. BOX 7544 TALLAHASSEE, FL 32314-7544

02222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4830 Fred George Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Fla	City & State
Zip: 32303 Country: USA	Zip Country

4. FEI Number 59-3695516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWELL, DAVID G 4205 W.W. KELLEY RD. TALLAHASSEE, FL 32311	Name: Christine Maples Street Address (P.O. Box Number is Not Acceptable): 4830 Fred George Rd City: Tallahassee FL Zip Code: 32303

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: Christine Maples 4/9/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWELL, DAVID G 4205 W.W. KELLEY RD TALLAHASSEE, FL 32311	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM DuRant Becky 8708 Walthall Ct Tallahassee, FL 32311 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUCHANAN, DJ 1530 MCLAWRENCE WAY TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MARK E. WEST~~ Secretary MARK E. WEST 5816 TALLOW POINT ROAD TALLAHASSEE FL 32309 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, CATHERINE 809 APPLE ST. TALLAHASSEE, FL 32317	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Christine Maples 4830 Fred George Rd Tallahassee, FL 32303 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD MAPLES, CHRISTINE 4830 FRED GEORGE RD. TALLAHASSEE, FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Susan L. Howell 805 Buena Vista Dr. Tallahassee FL 32304-1805 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM BUNKER, SUSIE 307 W. GRACE ST. HAHIRA, GA 31632	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM CUPPY, EVELYN S 2316 MONACO DR. TALLAHASSEE, FL 32308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM Ewart, Renate (Renée) 264 Timberlane Rd Tallahassee, FL 32312 — ☑ Change ☐ Addition

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: D Buchanan 4/9/05 850 487-8392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #