

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000457

FILED
Jan 14, 2008
Secretary of State

Entity Name: TRI-STATE AVIAN SOCIETY, INC.

Current Principal Place of Business:

1530 MCLAWRENCE WAY
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7544
TALLAHASSEE, FL 323147544

New Mailing Address:

FEI Number: 59-3695516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHANAN, DARYL J
1530 MCLAWRENCE WAY
TALLAHASSEE, FL 32317 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: T () Delete
Name: LASTER, BARRY
Address: 10508 LAKE IAMONIA DR
City-St-Zip: TALLAHASSEE, FL 12

Title: VP () Delete
Name: CROUCH, BOB
Address: 243 POND CT
City-St-Zip: HAVANA, FL 32333

Title: S () Delete
Name: RAMSDELL, DIANA
Address: 1467 CRESTVIEW AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MAPLES, CHRISTINE
Address: 4830 FRED GEORGE RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WILSON, GENE
Address: 1711 BROOKSIDE BLVD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: RUBIN, SUSAN
Address: 537 OAKLAND AVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CROUCH, BOB
Address: 243 POND CT
City-St-Zip: HAVANA, FL 32333

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

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

Title: VP (X) Change () Addition
Name: WILSON, GENE
Address: 1711 BROOKSIDE BLVD
City-St-Zip: TALLAHASSEE, FL 32301

Title: P (X) Change () Addition
Name: BUCHANAN, DARYL J
Address: 1530 MCLAWRENCE WAY
City-St-Zip: TALLAHASSEE, FL 32317

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: BARRY LASTER

T

01/14/2008

Electronic Signature of Signing Officer or Director

Date