

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000457

FILED  
Mar 22, 2009  
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: D ( ) 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: VP ( ) Delete  
Name: WILSON, GENE  
Address: 1711 BROOKSIDE BLVD  
City-St-Zip: TALLAHASSEE, FL 32301

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: CURLEY, JIM  
Address: 1468 APPLEWOOD WAY  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

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: BARRY C. LASTER

T

03/22/2009

Electronic Signature of Signing Officer or Director

Date