


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90213 007 ****61.25

DOCUMENT # N01000004318	
1. Entity Name HEARTLAND AVIAN SOCIETY, INC.	

Principal Place of Business 3347 NORTHERN BLVD. LAKE PLACID FL 33852 US	Mailing Address P.O. BOX 3864 SEBRING FL 33871-3864 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JUNE, MAXINE 3347 NORTHERN BLVD LAKE PLACID FL 33852-7629

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUNE, MAXINE		NAME	
STREET ADDRESS 3347 NORTHERN BLVD.		STREET ADDRESS	
CITY-ST-ZIP LAKE PLACID FL 33852-7629		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIKE, BRENDA		NAME	
STREET ADDRESS 920 LAKE DRIVE EAST		STREET ADDRESS	
CITY-ST-ZIP LAKE PLACID FL 33852		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, GWEN		NAME	
STREET ADDRESS 2221 N. LAKE SEBRING DR.		STREET ADDRESS	
CITY-ST-ZIP SEBRING FL 33870-8207		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, GORDON		NAME	
STREET ADDRESS 321 CR 29		STREET ADDRESS	
CITY-ST-ZIP LAKE PLACID FL 33852		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENE, LISA		NAME	
STREET ADDRESS 54 RUSSELL CT		STREET ADDRESS	
CITY-ST-ZIP VENUS FL 33960		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Gwen Clark* (SECRETARY) *GWEN CLARK* 02/13/04 (813) 471-1227