


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90230 021 ****61.25

DOCUMENT # N01000004934					
1. Entity Name FLORIDA WEST COAST AVIAN SOCIETY, INC.					
Principal Place of Business P.O. BOX 18145 SARASOTA, FL 34276			Mailing Address P.O. BOX 18145 SARASOTA, FL 34276		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1124976	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURKE, PATRICIA S 591 BLACKBURN ST. ENGLEWOOD, FL 34223				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: <u>Patricia S. Burke</u> 1/13/06 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when non-stating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006			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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	5958 N CRANBERRY BLVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEILLETTE, CHRISTINA		NAME	NORTH PORT FL 34286	
STREET ADDRESS	1535 HONORE AVENUE		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34232		CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, PATRICIA S		NAME		
STREET ADDRESS	591 BLACKBURN ST.		STREET ADDRESS		
CITY - ST - ZIP	ENGLEWOOD, FL 34223		CITY - ST - ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	5077 BUNYAN WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, LYNDIA		NAME	SARASOTA FL 34232	
STREET ADDRESS	3617 STOKES DRIVE		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34231		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASTIS, KAREN		NAME		
STREET ADDRESS	4757 DUNN DRIVE		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34233		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		
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 exemptions contained 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 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: Karen Bastis 1/13/06
TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00001000



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441-379-8334