

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004934

FILED
Jan 21, 2007
Secretary of State

Entity Name: FLORIDA WEST COAST AVIAN SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 18145
SARASOTA, FL 34276

New Principal Place of Business:

4757 DUNN DRIVE
SARASOTA, FL 34233

Current Mailing Address:

P.O. BOX 18145
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 65-1124976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, PATRICIA S
591 BLACKBURN ST.
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

BASTIS, KAREN L
4757 DUNN DRIVE
SARASOTA, FL 34233 US

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: KAREN L BASTIS

01/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: VEILLETTE, CHRISTINA
Address: 5958 N CRANBERRY BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: DP () Delete
Name: BURKE, PATRICIA S
Address: 591 BLACKBURN ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: DVP () Delete
Name: LEWIS, LYND A
Address: 5077 BUNYAN WAY
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: BASTIS, KAREN
Address: 4757 DUNN DRIVE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: BURROW, LYNNE
Address: 2009 PRINCETON ST
City-St-Zip: BRADENTON, FL 34207

Title: D (X) Change () Addition
Name: BURKE, PATRICIA S
Address: 591 BLACKBURN ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: DP (X) Change () Addition
Name: LEWIS, LYND A
Address: 5077 BUNYAN WAY
City-St-Zip: SARASOTA, FL 34232

Title: DT (X) Change () Addition
Name: BASTIS, KAREN
Address: 4757 DUNN DRIVE
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN L BASTIS

MS

01/21/2007

Electronic Signature of Signing Officer or Director

Date