2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# N01000004934

Entity Name: FLORIDA WEST COAST AVIAN SOCIETY, INC.

Current Principal Place of Business:

4757 DUNN DRIVE
SARASOTA, FL 34233

New Principal Place of Business:

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:

BASTIS, KAREN L
4757 DUNN DRIVE
SARASOTA, FL 34233 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: DS ( ) Delete
Name: BURROW, LYNNE
Address: 2009 PRINCETON ST
City-St-Zip: BRADENTON, FL 34207

Title: VP ( ) Delete
Name: MAYO, LINDA
Address: P.O. BOX 7182
City-St-Zip: SARSOTA, FL 34278

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

Title: DT ( ) 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: UHRMAN, DAVID
Address: 1214 37TH ST WEST
City-St-Zip: BRADENTON, FL 34205

Title: VP (X) Change ( ) Addition
Name: HYMAN, GINI
Address: 2448 FOSTER LANE
City-St-Zip: SARSOTA, FL 34239

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: KAREN L BASTIS DT 02/27/2008

Electronic Signature of Signing Officer or Director — Date