

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

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90071 031 \*\*\*\*70.00

**DOCUMENT # N02000008908**

1. Entity Name

ALEX & CALLIE GODWIN BIRD SANCTUARY AND  
WILDLIFE PRESERVE/SCHOOL FOR INNOVATIVE *Studies*



Principal Place of Business

1825 RILEY AVENUE  
ORLANDO FL 32805

Mailing Address

2711 SEABREEZE COURT  
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (4/04)

4. FEI Number

*81-0653415*  
AP-PLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODWIN, PAUL  
2711 SEABREEZE COURT  
ORLANDO FL 32805

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

*Paul Godwin*

*Paul Godwin*

*8/13/04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GODWIN, MARY A	
STREET ADDRESS	1241 LUCILLE STREET	
CITY-ST-ZIP	SAN LEANDRO CA 94577	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODWIN, CHRISTINA	
STREET ADDRESS	1825 RILEY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GODWIN, PAUL	
STREET ADDRESS	2711 SEABREEZE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODWIN, JOHNNY L	
STREET ADDRESS	1825 RILEY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODWIN, MARGARET L	
STREET ADDRESS	1241 LUCILLE STREET	
CITY-ST-ZIP	SAN LEANDRO CA 94577	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODWIN, ROBERT C SR.	
STREET ADDRESS	3205 CALAIS STREET	
CITY-ST-ZIP	SHERMAN TX 75090	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES E. GODWIN	
STREET ADDRESS	1825 RILEY AV	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Mary Anne Godwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Godwin*

Date

Daytime Phone #

*8/13/04*

*(510) 632-3113*