

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008908

FILED
Sep 02, 2006
Secretary of State

Entity Name: ALEX & CALLIE GODWIN BIRD SANCTUARY AND WILDLIFE PRESERVE/SCHOOL FOR INNOVATIVE STUDIES, INC.

Current Principal Place of Business:

1825 RILEY AVENUE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

2711 SEABREEZE COURT
ORLANDO, FL 32805

New Mailing Address:

5204 HAMMOCK CIRCLE
SAINT CLOUD, FL 34771

FEI Number: 81-0653415 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GODWIN, PAUL
2711 SEABREEZE COURT
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

GODWIN, MARY ANNE
5204 HAMMOCK CIRCLE
SAINT CLOUD, FL 34771 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: MARY ANNE GODWIN

09/02/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GODWIN, MARY A
Address: 1241 LUCILLE STREET
City-St-Zip: SAN LEANDRO, CA 94577

Title: D () Delete
Name: GODWIN, CHRISTINA
Address: 1825 RILEY AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: GODWIN, PAUL
Address: 2711 SEABREEZE
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: GODWIN, JOHNNY L
Address: 1825 RILEY AVENUE
City-St-Zip: ORLANDO, FL 32805 US

Title: D () Delete
Name: GODWIN, MARGARET L
Address: 1241 LUCILLE STREET
City-St-Zip: SAN LEANDRO, CA 94577

Title: D () Delete
Name: GODWIN, ROBERT C SR.
Address: 3205 CALAIS STREET
City-St-Zip: SHERMAN, TX 75090 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: CHRISTINA GODWIN

D

09/02/2006

Electronic Signature of Signing Officer or Director

Date