2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008908

FILED May 01. 2003

Secretary of State Entity Name: ALEX & CALLIE GODWIN BIRD SANCTUARY AND WILDLIFE PRESERVE/SCHOOL FOR INNOVATIVE STUDIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1825 RILEY AVENUE ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 1825 RILEY AVENUE 2711 SEABREEZE COURT ORLANDO, FL 32805 ORLANDO, FL 32805 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GODWIN, PAUL 2711 SEÁBREEZE COURT ORLANDO, FL 32805 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GODWIN, MARY A Name: Name: 1241 LUCILLE STREET Address: Address: City-St-Zip: SAN LEANDRO, CA 94577 City-St-Zip: Title: () Delete Title: () Change () Addition GODWIN, CHRISTINA Name: Name: Address: 1825 RILEY AVENUE Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: () Delete Title: () Change () Addition GODWIN, PAUL Name: Name: 2711 SEABREEZE Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: GODWIN, JOHNNY L 1825 RILEY AVENUE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32805 US Title: () Delete Title: () Change (X) Addition GODWIN, MARGARET L Name: Name: 1241 LUCILLE STREET Address: Address: City-St-Zip: City-St-Zip: SAN LEANDRO, CA 94577

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTINA GODWIN D 05/01/2003

() Delete

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

GODWIN, ROBERT C SR.

3205 CALAIS STREET SHERMAN, TX 75090 US GODWIN CHARLES E DIRECTOR 1825 RILEY AVENUE ORLANDO FL 32805