

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90123 015 ****61.25

DOCUMENT # N03000001244

1. Entity Name
**SKY HARBOR, INC AVIAN WILDLIFE REHABILITATION
CENTER**



Principal Place of Business
**603 IVEY LANE
TARPON SPRINGS, FL 34689**

Mailing Address
**603 IVEY LANE
TARPON SPRINGS, FL 34689**

24083686



2. Principal Place of Business

603 Ivey Lane
Suite, Apt. #, etc.

3. Mailing Address

801 EKLOSTERMAN RD
Suite, Apt. #, etc.
PMB #112

08242004 Chg-NP CR2E037 (10/03)

City & State

TARPON SPRINGS, FLA

City & State

TARPON SPRINGS, FLA

4. FEI Number

06-1679798

Applied For

Not Applicable

Zip

34689

Country

USA

Zip

34689

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BIEDENMEISTER, LYNDA
603 IVEY LANE
TARPON SPRINGS, FL 34689**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

AUG 22, 04

**Filing Fee is \$81.25
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 PD ☐ Delete
NAME BIEDENMEISTER, LYNDA A
STREET ADDRESS 603 IVEY LANE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE SD ☐ Delete
NAME JACOBSEN, CHRISSY
STREET ADDRESS 1459 WINDMOOR DRIVE
CITY-ST-ZIP DUNEDIN, FL

TITLE TD ☒ Delete
NAME SILVERMAN-STRINGER, KERRI
STREET ADDRESS 909 OAKVIEW ROAD
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D ☒ Delete
NAME STRINGER, TONY
STREET ADDRESS 909 OAKVIEW ROAD
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **MARKETING DIRECTOR**
STREET ADDRESS **ADRIANNE BUTLER**
CITY-ST-ZIP **USC DENISE ST.**
TARPON SPRINGS, FL 34689

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Barbara Shady**
CITY-ST-ZIP **3509 Seaway Dr.**
New Port Richey, Fla 34689

TITLE ☐ Change ☒ Addition
NAME **Bd. member**
STREET ADDRESS **Dr. Peter Walton**
CITY-ST-ZIP **251 SAGE DR.**
CRYSTAL BEACH, FL 3

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AUG 22, 04

727-934-6829