

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001244

FILED
May 02, 2005
Secretary of State

Entity Name: SKY HARBOR, INC AVIAN WILDLIFE REHABILITATION CENTER

Current Principal Place of Business:

603 IVEY LANE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

11305 BLACK WALNUT STREET
HUDSON, FL 34669

Current Mailing Address:

861 E KLOSTERMAN RD
PMB # 112
TARPON SPRINGS, FL 34689

New Mailing Address:

11305 BLACK WALNUT STREET
HUDSON, FL 34669

FEI Number: 06-1679798 **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:

BIEDENMEISTER, LYNDIA
603 IVEY LANE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

BARHORST, LYNDIA
11305 BLACK WALNUT STREET
HUDSON, FL 34669 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: LYNDIA A. BARHORST

05/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIEDENMEISTER, LYNDIA A
Address: 603 IVEY LANE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: JACOBSEN, CHRISSY
Address: 1459 WINDMOOR DRIVE
City-St-Zip: DUNEDIN, FL

Title: MD () Delete
Name: BUTLER, ADRIANNE
Address: 456 DENISE ST
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S () Delete
Name: SHRADY, BARBARA
Address: 3509 SEAWAY DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: BM () Delete
Name: WALTON, PETER DR
Address: 251 SAGE DR
City-St-Zip: CRYSTAL BEACH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARHORST, LYNDIA A
Address: 11305 BLACK WALNUT STREET
City-St-Zip: HUDSON, FL 34669

Title: BM (X) Change () Addition
Name: JACOBSEN, CHRISSY
Address: MAYS ROAD
City-St-Zip: HUDSON, FL 34669

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

Title: S (X) Change () Addition
Name: SHRADER, BARBARA
Address: 3509 SEAWAY DR
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: CO-D () Change (X) Addition
Name: SLINGERLAND, DAVID A
Address: 11305 BLACK WALNUT STREET
City-St-Zip: HUDSON, FL 34669

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.

SIGNATURE: LYNDIA A. BARHORST

DIR

05/02/2005

Electronic Signature of Signing Officer or Director

Date