2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N03000001244

Entity Name: SKY HARBOR, INC AVIAN WILDLIFE REHABILITATION CENTER

Current Principal Place of Business:

11305 BLACK WALNUT STREET
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

11305 BLACK WALNUT STREET
HUDSON, FL 34669

New Mailing Address:

FEI Number: 06-1679798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARHORST, LYNDA
11305 BLACK WALNUT STREET
HUDSON, FL 34669 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: BARHORST, LYNDA A
Address: 11305 BLACK WALNUT STREET
City-St-Zip: HUDSON, FL 34669

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

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

Title: S ( ) Delete
Name: SHRADER, 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: CO-D ( ) Delete
Name: SLINGERLAND, DAVID A
Address: 11305 BLACK WALNUT STREET
City-St-Zip: HUDSON, FL 34669

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 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: LYNDA BARHORST DIR 04/30/2008

Electronic Signature of Signing Officer or Director — Date