

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001244

FILED
Apr 27, 2009
Secretary of State

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, CRISSY
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: DIR (X) Change () Addition
Name: BARHORST, LYNDA A
Address: 11305 BLACK WALNUT STREET
City-St-Zip: HUDSON, FL 34669

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

Title: BM (X) Change () Addition
Name: BUTLER, ADRIANNE
Address: 456 DENISE ST
City-St-Zip: TARPON SPRINGS, FL 34689

Title: BM (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: () 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

04/27/2009

Electronic Signature of Signing Officer or Director

Date