

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001244

FILED
Apr 30, 2012
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: DIR
Name: BARHORST, LYNDA A
Address: 11305 BLACK WALNUT STREET
City-St-Zip: HUDSON, FL 34669

Title: BM
Name: NATALIE, ALFORD
Address: BLACK WALNUT ST
City-St-Zip: HUDSON, FL 34669 US

Title: BM
Name: DUPUIS, EVA
Address: 11305 STONEYBROOK DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34689 US

Title: BM
Name: ACKERMAN, RENATE
Address: 17705 OXENHAM DR
City-St-Zip: HUDSON, FL 34669 US

Title: BM
Name: SOWA, MARY LOU
Address: GOLF ROUND DR
City-St-Zip: HUDSON, FL 34669 US

Title: BM
Name: MARY, STRAIT
Address: 32540 TRILBY RD
City-St-Zip: DADE CITY, FL US

I hereby 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 all other like empowered.

SIGNATURE: LYNDA A BARHORST

DIR

04/30/2012

Electronic Signature of Signing Officer or Director

Date