

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001268

FILED
May 03, 2005
Secretary of State

Entity Name: ORGANIZATION OF PROFESSIONAL AVICULTURISTS, INC.

Current Principal Place of Business:

1472 "E" ROAD
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

1472
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

PO BOX 152
LOXAHATCHEE, FL 33470

New Mailing Address:

PO BOX 927
LITTLETON, NC 27850-092

FEI Number: 30-0152089 **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:

VOREN, HOWARD J
1472 "E" ROAD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

VOREN, HOWARD J
1472
LOXAHATCHEE, FL 33470 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: HOWARD J VOREN

05/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VOREN, HOWARD J
Address: 1472
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: D () Delete
Name: DESBOROUGH, LAURELLA
Address: 2072 BLUE KNOLL ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VD () Delete
Name: HUNTER, KIM
Address: 1431 MCCLOSKEY RD
City-St-Zip: HOLLISTER, CA 95023 US

Title: SD () Delete
Name: SEGER, LINDA
Address: 1977 FAULCON RD
City-St-Zip: LITTLETON, NC 27850 US

Title: T () Delete
Name: BALABAN, GLORIA
Address: 6048 DUCKWEED RD
City-St-Zip: LAKE WORTH, FL 34647

Title: D () Delete
Name: BEAULIEU, SUE
Address: 235 WINWARD DR
City-St-Zip: NEWTON, KS 67114

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
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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 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: HOWARD J VOREN

PRES

05/03/2005

Electronic Signature of Signing Officer or Director

Date