

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001268

FILED
Nov 14, 2008
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:

Current Mailing Address:

PO BOX 927
LITTLETON, NC 27850

New Mailing Address:

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:

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

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: WALL, GENNY
Address: 23521 PASEO DE VALENCIA, STE 210
City-St-Zip: LAGUNA HILLS, CA 92653 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: V () Delete
Name: BEAULIEU, SUE
Address: 235 WINWARD DR.
City-St-Zip: NEWTON, KS 67114

Title: D () Delete
Name: PATTISON, JEAN
Address: 6615 NEW TAMPA HWY
City-St-Zip: LAKE LAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VOREN, HOWARD J
Address: 1472 E ROAD
City-St-Zip: LOXAHATCHEE, FL 33470 US

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

Title: () Change () Addition
Name:
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Title: () Change () Addition
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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: HOWARD J VOREN

Electronic Signature of Signing Officer or Director

PD

11/14/2008

Date