

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2008  
Secretary of State**

DOCUMENT# N04000004861

**Entity Name:** BIRD RESCUE CENTER OF VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

1315 S GLENCOE RD  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1315 S GLENCOE RD  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 16-1707279      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

LAMBORN, PHYLLIS FALK  
1315 S GLENCOE RD  
NEW SMYRNA BEACH, FL 32168      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:** D      ( ) Delete  
**Name:** LAMBORN, PHYLLIS FALK  
**Address:** 1315 S. GLENCOE RD  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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: PHYLLIS FALK LAMBORN

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DIR.

01/05/2008

\_\_\_\_\_ Date