

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007043

FILED  
Jan 30, 2006  
Secretary of State

Entity Name: BIRD STRIKE ASSOCIATION, INC.

**Current Principal Place of Business:**

223 REDFISH CIRCLE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

223 REDFISH CIRCLE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

ANDREWS, GARY W  
223 REDFISH CIRCLE  
SANTA ROSA BEACH, FL 32459 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: PCEO ( ) Delete  
Name: ANDREWS, GARY  
Address: 223 REDFISH CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: CD ( ) Delete  
Name: ANDREWS, GARY  
Address: 223 REDFISH CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD ( ) Delete  
Name: MERRITT, RONALD  
Address: 3160 AIRPORT ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32405

Title: D ( ) Delete  
Name: RYAN, REBECCA  
Address: 510 MULBERRY WAY  
City-St-Zip: BOLIVIA, NC 28422

**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  
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 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: GARY ANDREWS

PCEO

01/30/2006

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

\_\_\_\_\_  
Date