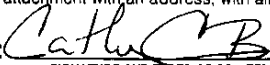


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90033 035 ****61.25

DOCUMENT # N05000012960 1. Entity Name FLORIDA SCRUB-JAY CONSORTIUM, INC.					
Principal Place of Business 11490 MONTE VISTA ROAD CLERMONT, FL 34711 US			Mailing Address P. O. BOX 120777 CLERMONT, FL 34712 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		05012007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-4069083				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BROWN, KATHY 11490 MONTE VISTA ROAD CLERMONT, FL 34711	
7. Name and Address of New Registered Agent Name Brown, Cathy Street Address (P.O. Box Number is Not Acceptable) 11490 Monte Vista Road City Clermont FL Zip Code 34711				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Cathy Brown April 30, 2007 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, KATHY 11490 MONTE VISTA ROAD CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brown, Cathy 11490 Monte Vista Road Clermont, FL 34711 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Brown, Bruce 11490 Monte Vista Road Clermont, FL 34711 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tufts, Jean 5300 Wellington Branch Dr. Gainesville, VA 20155 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Cathy Brown April 30, 2007 (352)-429-5566 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					