2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 17, 2007 8:00 am Secretary of State DOCUMENT # N05000012960 05-17-2007 90033 035 ****61.25 FLORIDA SCRUB-JAY CONSORTIUM, INC. Principal Place of Business Mailing Address 11490 MONTE VISTA ROAD P. O. BOX 120777 CLERMONT, FL 34711 CLERMONT, FL 34712 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-4069083 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Brown, Cathy BROWN, KATHY Street Address (P.O. Box Number is Not Acceptable) 1.1490 Monte Vista Road 11490 MONTE VISTA ROAD CLERMONT FL 34711 Clermont 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 Cathy Brown April 30, 2007 SIGNATURE (NOTE: Registered Agent signature required when reinstating) stered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Y Change ☐ Addition BROWN, KATHY NAME Brown, Cathy 11490 Monte Vista Road NAME STREET ADDRESS 11490 MONTE VISTA ROAD STREET ADDRESS CLERMONT, FL 34711 CITY+ST-7IP CITY-ST-ZIP Clermont, FL 34711 ☐ Delete TITL F TITLE STD ☐ Change NAME Brown, Bruce STREET ADDRESS STREET ADDRESS 11490 Monte Vista Road CITY-ST-ZIP CITY-ST-7IP Clermont, FL 34711 ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS Tufts, Jean STREET ADDRESS 5300 Wellington Branch Dr. CITY-ST-ZIP CITY-ST-7/P Gainesville, VA 20155 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Cathy Brown

SIGNATURE AND TYPED OR PRINTED NAME OF BIGN

SIGNATURE

FILED

2007 (352)-429-5566