


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

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012960 1. Entity Name FLORIDA SCRUB-JAY CONSORTIUM, INC.	
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Principal Place of Business 11490 MONTE VISTA ROAD CLERMONT, FL 34711 US	Mailing Address P. O. BOX 120777 CLERMONT, FL 34712 US
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4069083	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, CATHY 11490 MONTE VISTA ROAD CLERMONT, FL 34711

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000943067 05/29/08-80044-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, CATHY 11490 MONTE VISTA ROAD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, BRUCE 11490 MONTE VISTA ROAD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUFTS, JEAN 5300 WELLINGTON BRANCH DR GAINESVILLE, VA 20155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 <u>Cathy Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>April 30, 2008</u> <small>Date</small>	<u>352-429-5566</u> <small>Daytime Phone #</small>
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