

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90096 014 ****61.25

DOCUMENT # N06000004978

1. Entity Name

WORLD PARROT TRUST USA, INC.



Principal Place of Business

Mailing Address

304 GROVE LAKE DRIVE
AUBURNDALE FL 33823

304 GROVE LAKE DRIVE
AUBURNDALE FL 33823



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2304 GROVE LAKE DR
Suite, Apt. #, etc.

P.O. Box 935
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

Lake Alfred, FL
Zip 33850 Country

Lake Alfred, FL
Zip 33850 Country

4. FEI Number

62-1561595

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYNOLDS, GLENN
304 GROVE LAKE DRIVE
AUBURNDALE FL 33823

Name Glenn Reynolds

Street Address (P.O. Box Number is Not Acceptable)
2304 GROVE LAKE DR

City Lake Alfred

FL

Zip Code 33850

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 Glenn Reynolds - S

Glenn Reynolds

2-1-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE D ☐ Delete
NAME REYNOLDS, MIKE
STREET ADDRESS GLANMORE HOUSE HAYLE, CORNWALL
CITY-ST-ZIP TR27 4HB UNITED KINGDON

TITLE D ☐ Delete
NAME REYNOLDS, AUDREY
STREET ADDRESS GLANMORE HOUSE HAYLE, CORNWALL
CITY-ST-ZIP TR27 4HB UNITED KINGDON

TITLE D ☐ Delete
NAME REYNOLDS, NICK
STREET ADDRESS GLANMORE HOUSE HAYLE, CORNWALL
CITY-ST-ZIP TR27 4HB UNITED KINGDON

TITLE D ☐ Delete
NAME MUNN, CHARLES
STREET ADDRESS 1250 24TH STREET NW #300
CITY-ST-ZIP WASHINGTON DC 20037

TITLE D ☐ Delete
NAME GILARDI, JAMIE
STREET ADDRESS 725 PEACH STREET
CITY-ST-ZIP DAVIS CA 95616

TITLE S ☐ Delete
NAME REYNOLDS, GLENN
STREET ADDRESS 304 GROVE LAKE DRIVE
CITY-ST-ZIP AUBURNDALE FL 33823

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE -D ☐ Change ☒ Addition
NAME Steve Martin
STREET ADDRESS 9014 Thompson Nursery Rd.
CITY-ST-ZIP Winter Haven, FL 33884

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME Glenn Reynolds
STREET ADDRESS 2304 GROVE LAKE DR.
CITY-ST-ZIP LAKE ALFRED, FL 33850

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Glenn Reynolds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 863-956-4347

Date

Daytime Phone #