

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005453

FILED
Mar 20, 2009
Secretary of State

Entity Name: FLORIDA CANARY FANCIERS, INC

Current Principal Place of Business:

15832 TOWER VIEW DRIVE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

15832 TOWER VIEW DRIVE
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 01-0866058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEARNS, RUTH ANN
15832 TOWER VIEW DRIVE
15832 TOWER VIEW DRIVE, FL 34711 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: PRES () Delete
Name: DUQUETTE, WILLIAM
Address: 912 KENNEDY DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: VP () Delete
Name: MICHALCZEWSKI, LESZEK
Address: 127 FERNINAND AVENUE
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: SEC () Delete
Name: MARTIN JR, FRANCIS
Address: 805 EAST KALEY
City-St-Zip: ORLANDO, FL 32806 US

Title: TREA () Delete
Name: STEARNS, RUTH ANN
Address: 15832 TOWER VIEW DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: DIR () Delete
Name: MARTIN JR, FRANCIS
Address: 805 EAST KALEY STREET
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DUQUETTE, WILLIAM
Address: 5820 DATIL PEPPER ROAD
City-St-Zip: ST AUGUSTINE, FL 32086 US

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 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: RUTH ANN STEARNS

TREA

03/20/2009

Electronic Signature of Signing Officer or Director

Date