2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N08000002044

Entity Name: MELBOURNE AVIAN RESCUE SANCTUARY, INC.

Current Principal Place of Business:

418 OCEAN AVE.
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

418 OCEAN AVE.
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 80-0161378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APPLE, LUANN K.
418 OCEAN AVE.
MELBOURNE BEACH, FL 32951 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: D ( ) Delete
Name: APPLE, LUANN K.
Address: 418 OCEAN AVE.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D ( ) Delete
Name: SHINKAWA, LESLIE
Address: 310 E. MELBOURNE AVE.
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete
Name: WARDWELL, HENRY
Address: 8185 S. HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D ( ) Delete
Name: GERMAN, TRISH
Address: 392 WATERSIDE CIR.
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LUANN APPLE DIR 04/17/2009

Electronic Signature of Signing Officer or Director — Date