

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005145

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** FLORIDA WEST THUNDERBIRDS, INC.

**Current Principal Place of Business:**

9157 WEST PINCREST LANE  
HOMOSSASA, FL 34448

**New Principal Place of Business:**

**Current Mailing Address:**

9157 WEST PINCREST LANE  
HOMOSASSA, FL 34448

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASSIDY, JAMES A  
9157 WEST PINCREST LANE  
HOMOSASSA, FL 34448 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:** CEO  
**Name:** CASSIDY, JAMES A  
**Address:** 9157 WEST PINECREST LANE  
**City-St-Zip:** HOMOSASSA, FL 34448

**Title:** CFO  
**Name:** THROWER, GENE  
**Address:** 3147 LEMA DRIVE  
**City-St-Zip:** SPRING HILL, FL 34609

**Title:** CIO  
**Name:** ROSENBERG, BRUCE  
**Address:** 11557 NORVELL ROAD  
**City-St-Zip:** SPRING HILL, FL 34608

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES A CASSIDY

CEO

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date