

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N11636

1. Entity Name
PELICAN MAN'S BIRD SANCTUARY, INC.



Principal Place of Business

713 S ORANGE AVE
SARASOTA, FL 34236 US

Mailing Address

8437 TUTTLE AVE
342
SARASOTA, FL 34243 US

FILED
Jan 22, 2008 08:00 AM
Secretary of State



01172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0017378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERCURIO, JOHN J
713 S. ORANGE AVE.
SARASOTA, FL 34236

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000791479
01/23/08-80074-022 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RAGONA, JUDY
STREET ADDRESS 7203 SPUR CT.
CITY-ST-ZIP SARASOTA, FL 34243

TITLE D
NAME SMICKLAS, MELLONIE
STREET ADDRESS 926 CONTENTO ST.
CITY-ST-ZIP SARASOTA, FL 34242

TITLE TD
NAME MERCURIO, JOHN
STREET ADDRESS 713 S ORANGE AVENUE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/08

941-453-4585