

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11838**

(2)

1. Corporation Name

SUN COAST AVIAN SOCIETY, INC.



Principal Place of Business

Mailing Address

C/O JOSEPH VENTIMIGLIA
13675 74 AVENUE
SEMINOLE FL 34646

C/O JOSEPH VENTIMIGLIA
13675 74 AVENUE
SEMINOLE FL 34646

3. Date Incorporated or Qualified
10/31/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Plumbers + Steamfitters Hall**

26 **% Joseph Ventimiglia**

4. FEI Number

59-2640488

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **4020 80th Ave No**

27 **3675 74 Ave No**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Pinellas Park, FL**

28 **Seminole, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **34666**

25 **Pinellas**

29 **34646**

30 **Pinellas**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VENTIMIGLIA, JOSEPH
13675 74 AVENUE
SEMINOLE FL 34646

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PACE, MEL	
STREET ADDRESS	2405 E. BLOOMINGDALE AVE.	
CITY - ST - ZIP	VALRICO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLURE, WILLIAM	
STREET ADDRESS	9000 60TH ST.	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GARBUTT, NORM	
STREET ADDRESS	5191 86TH AVE., N.	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOLLAR, DEBBIE	
STREET ADDRESS	4784 SIMCOE ST.	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GEIBEL, DAWN	
STREET ADDRESS	5526 BARQUE DR.	
CITY - ST - ZIP	HOLIDAY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VENTIMIGLIA, JOSEPH	
STREET ADDRESS	13675 74TH AVE N	
CITY - ST - ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KIERN, Guy	
1.3 STREET ADDRESS	6005 HAINES RD N.	
1.4 CITY - ST - ZIP	St Petersburg, FL 33714-1441	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEEMAN, Doug	
2.3 STREET ADDRESS	8441 JENNIFER LANE	
2.4 CITY - ST - ZIP	SEMINOLE, FL 34647	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Johnston, JAN	
3.3 STREET ADDRESS	8400 54th St. N.	
3.4 CITY - ST - ZIP	Pinellas Park, FL 34665	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PEACOCK, Sandy	
4.3 STREET ADDRESS	9881 Portside Dr.	
4.4 CITY - ST - ZIP	Seminole, FL 34666	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Miller, Linda	
5.3 STREET ADDRESS	9527 60th Lane N.	
5.4 CITY - ST - ZIP	Pinellas Park, FL 34666	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96 813 392-9391
Date Daytime Phone #

CR2E037 (12/95)