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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
PLUMBERS & STEAMFITTER HALL 4020 80TH AVENUE NORTH PINELLAS PARK FL 34666 US	% JOSEPH VENTIMIGLIA 13675 74TH AVENUE NORTH SEMINOLE FL 33776-3831 US

3. Date Incorporated or Qualified: 10/31/1985
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-2640488 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

VENTIMIGLIA, JOSEPH
13675 74 AVENUE
SEMINOLE FL 34646

10. Name and Address of New Registered Agent

81 Name: SAME
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: Joseph Ventimiglia Joseph Ventimiglia — January 5, 1997
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	SAME	☐ Change ☐ Addition
NAME	GUY, KIERN		1.2 NAME		
STREET ADDRESS	6005 HAINES ROAD NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	LEEMAN, DOUG		2.2 NAME	DePATTAMORE, Joseph	
STREET ADDRESS	8441 JENNIFER LANE		2.3 STREET ADDRESS	610 42 AVE NO.	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	St. Pete, FL 33703	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	JOHNSTON, JAN		3.2 NAME	Swank, Jerry	
STREET ADDRESS	8400 54TH STREET NORTH		3.3 STREET ADDRESS	610 42 AVE NO.	
CITY-ST-ZIP	PINELLAS PARK FL		3.4 CITY-ST-ZIP	St. Pete, FL 33703	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	PEACOCK, SANDY		4.2 NAME	~~Cheryl~~ Groggan, Cheryl	
STREET ADDRESS	9881 PORTSIDE DRIVE		4.3 STREET ADDRESS	12352 monarch Dr.	
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	Seminole, FL 33772	
TITLE	D	☐ DELETE	5.1 TITLE	SAME	☐ Change ☐ Addition
NAME	MILLER, LINDA		5.2 NAME		
STREET ADDRESS	9527 60TH LANE NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS APRK FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE	SAME	☐ Change ☐ Addition
NAME	VENTIMIGLIA, JOSEPH		6.2 NAME		
STREET ADDRESS	13675 74TH AVE N		6.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Joseph Ventimiglia Joseph Ventimiglia — January 5, 1997