

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90107 006 ****70.00

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DOCUMENT # N11838

1. Corporation Name

SUN COAST AVIAN SOCIETY, INC.

Principal Place of Business

PLUMBERS & STEAMFITTER HALL
4020 80TH AVENUE NORTH
PINELLAS PARK FL 34666
US

Mailing Address

% JOSEPH VENTIMIGLIA
13675 74TH AVENUE NORTH
SEMINOLE FL 34646
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

VENTIMIGLIA, JOSEPH
13675 74 AVENUE
SEMINOLE FL 34646

3. Date Incorporated or Qualified

10/31/1985

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

10. Name and Address of New Registered Agent

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 Joseph Ventimiglia

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/10/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PARRAMORE, JOE	
STREET ADDRESS	610 47TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOSS, SUSAN	
STREET ADDRESS	9415 BLINDPASS RD #1004	
CITY-ST-ZIP	ST. PETERSBURG FL 33706	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DIMONDE, DIANE	
STREET ADDRESS	2210 COQUINN WAY	
CITY-ST-ZIP	ST. PETERSBURG FL 33706	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWANK, JERRY	
STREET ADDRESS	610 47TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, LINDA	
STREET ADDRESS	9527 60TH LANE NORTH	
CITY-ST-ZIP	PINELLAS APRK FL 33782	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VENTIMIGLIA, JOSEPH	
STREET ADDRESS	13675 74TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARRAMORE, JOE	
1.3 STREET ADDRESS	610 47TH AVE NO.	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLER, LINDA	
2.3 STREET ADDRESS	9527 60 WAY NO	
2.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Noodwang, Sally	
3.3 STREET ADDRESS	6076 140 TER NO	
3.4 CITY-ST-ZIP	CLEARWATER, FL 33760	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SANDLER, Stuart	
4.3 STREET ADDRESS	32 Summit LA.	
4.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dollar, Debbie	
5.3 STREET ADDRESS	P.O. Box 1179	
5.4 CITY-ST-ZIP	Palmer Harbor, FL 34682	
6.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ventimiglia, Joseph	
6.3 STREET ADDRESS	13675 74 AVE NO.	
6.4 CITY-ST-ZIP	SEMINOLE FL 33776	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 392 9391

4/10/99

Date

Daytime Phone

CR2E037 (11/98)