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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/31/1985

22 City & State

27 City & State

4. FEI Number

Applied For
 Not Applicable

59-2640488

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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 Joseph Ventimiglia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Joseph Ventimiglia 4/10/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE

NAME PARRAMORE, JOE

STREET ADDRESS 610 47TH AVE N
 CITY-ST-ZIP ST. PETERSBURG FL 33703

1.1 TITLE P Change Addition

1.2 NAME P PARRAMORE, JOE

1.3 STREET ADDRESS 610 47th Ave No.
 1.4 CITY-ST-ZIP St. Petersburg, FL 33703

TITLE VP DELETE

NAME HOSS, SUSAN

STREET ADDRESS 9415 BLINDPASS RD #1004
 CITY-ST-ZIP ST. PETERSBURG FL 33706

2.1 TITLE VP Change Addition

2.2 NAME WILLET, LINDA

2.3 STREET ADDRESS 9527 60 WAY NO
 2.4 CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE S DELETE

NAME DIMONDE, DIANE

STREET ADDRESS 2210 COQUINN WAY
 CITY-ST-ZIP ST. PETERSBURG FL 33706

3.1 TITLE S Change Addition

3.2 NAME NODWANG, SALLY

3.3 STREET ADDRESS 6076 140 TER NO
 3.4 CITY-ST-ZIP CLEARWATER, FL 33760

TITLE D DELETE

NAME SWANK, JERRY

STREET ADDRESS 610 47TH AVE N.
 CITY-ST-ZIP ST. PETERSBURG FL 33703

4.1 TITLE D Change Addition

4.2 NAME SANDLER, STUART

4.3 STREET ADDRESS 32 Summit LA.
 4.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE D DELETE

NAME MILLER, LINDA

STREET ADDRESS 9527 60TH LANE NORTH
 CITY-ST-ZIP PINELLAS APRK FL 33782

5.1 TITLE D Change Addition

5.2 NAME DOLLAR, DEBBIE

5.3 STREET ADDRESS P.O. Box 1179
 5.4 CITY-ST-ZIP PALM HARBOR, FL 34682

TITLE TD DELETE

NAME VENTIMIGLIA, JOSEPH

STREET ADDRESS 13675 74TH AVE N
 CITY-ST-ZIP SEMINOLE FL 33776

6.1 TITLE TD Change 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

Date

Daytime Phone

4/10/99

CR2E037 (11/98)