


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90046 044 \*\*\*\*70.00

<b>DOCUMENT # N11838</b> 1. Entity Name <b>SUN COAST AVIAN SOCIETY, INC.</b>					
Principal Place of Business <b>1802 EAST HENRY AVENUE TAMPA, FL 33610 US</b>			Mailing Address <b>1802 EAST HENRY AVENUE TAMPA, FL 33610 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HARPER, RODNEY L</b> <b>1802 E HENRY AVE.</b> <b>TAMPA, FL 33610</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <u><i>Rodney L. Harper</i></u>  <small>Signature, typed or printed name of registered agent and title applicable.</small> </div> <div style="width: 30%; text-align: center;"> <u><i>Treasurer</i></u>  <small>(NOTE: Registered Agent signature required when re-registering)</small> </div> <div style="width: 20%; text-align: right;"> <u><i>Jan 17, 06</i></u>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>NELSON, JAMES</b>		NAME	<b>Ben Saulsgiver</b>	
STREET ADDRESS	<b>981 DAMROSCH ST.</b>		STREET ADDRESS	<b>3630 Wiltshire DR.</b>	
CITY-ST-ZIP	<b>LARGO, FL 33771</b>		CITY-ST-ZIP	<b>HOLIDAY FLA. 34691</b>	
TITLE	D <input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GATTASHALL, JAMES W</b>		NAME	<b>Treasurer</b>	
STREET ADDRESS	<b>1802 E. HENRY AVE</b>		STREET ADDRESS	<b>1802 EAST HENRY AVE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33610</b>		CITY-ST-ZIP	<b>Tampa FL 33610</b>	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE		
NAME	<b>SAWYER, CHERYL</b>		NAME		
STREET ADDRESS	<b>4341 63RD. WAY N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT PETERSBURG, FL 33709</b>		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE		
NAME	<b>CARTER, TINA</b>		NAME		
STREET ADDRESS	<b>821 14TH AVE. N.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE		
NAME	<b>HARPER, RODNEY</b>		NAME		
STREET ADDRESS	<b>9527 60TH LANE NORTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PINELLAS APRK, FL 33782</b> <i>incorrect</i>		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE		
NAME	<b>HOWARD, WALTER</b>		NAME		
STREET ADDRESS	<b>3145 ALLEN AVE., RR. #2</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u><i>Rodney L. Harper</i></u> <b>Treasurer</b> <u><i>Rodney L. Harper</i></u> <u><i>1/17/06</i></u> <u><i>813-237</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <small>Daytime Phone #</small> <u><i>5319</i></u></span>					