

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12834

FILED
Oct 06, 2004
Secretary of State**Entity Name:** BIRD EMERGENCY AID AND KARE SANCTUARY, INC.**Current Principal Place of Business:**12084 HOUSTON AVENUE
JACKSONVILLE, FL 32226**New Principal Place of Business:****Current Mailing Address:**12084 HOUSTON AVENUE
JACKSONVILLE, FL 32226**New Mailing Address:****FEI Number:** 59-2588840**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MOSLING, CYNTHIA
12084 HOUSTON AVENUE
JACKSONVILLE, FL 32226 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: MOSLING, CYNTHIA,
Address: 12084 HOUSTON AVENUE
City-St-Zip: JACKSONVILLE, FL**Title:** VD () Delete
Name: STEWART, CARL M,
Address: 1050 RIVERSIDE AVE POB 4550
City-St-Zip: JACKSONVILLE, FL 32201**Title:** STD () Delete
Name: LILISKIS, ANDREW M,
Address: 12084 HOUSTON AVENUE
City-St-Zip: JACKSONVILLE, FL**Title:** D () Delete
Name: HEALY, E. ANDRUS
Address: 4423 PLEASANT HILL DR.
City-St-Zip: JACKSONVILLE, FL 32225**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA MOSLING

PD

10/06/2004

Electronic Signature of Signing Officer or Director_____
Date