


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

08-16-2007 90013 047 \*\*\*\*61.25

<b>DOCUMENT # N16748</b> 1. Entity Name <b>EXOTIC BIRD CLUB OF FLORIDA, INC.</b>					
Principal Place of Business <b>1275 CULVER RD PALM BAY, FL 32905 US</b>			Mailing Address <b>P.O. BOX 1177 MELBOURNE, FL 32902</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2873753</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WARD, BARBARA M 495 BREAKWATER STREET SE PALM BAY, FL 32909</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.					
SIGNATURE <u><i>Barbara M Ward, Treasurer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>9/1/2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete <b>BONIFACE, JOSEPH 878 SPANISH WELLS DRIVE MELBOURNE, FL 32940</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>KING, GLORIA 290-89 PARADISE BLVD INDIALANTIC, FL 32903</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete <b>WEIR, YVONNE 570 E.MERRIMAC DRIVE MERRITT ISLAND, FL 32952</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete <b>WARD, BARBARA M 495 BREAKWATER ST. SE PALM BAY, FL 32909</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MOODY, JERRY 610 VERBENIA DRIVE SATELLITE BEACH, FL 32937</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BISHOP, JUDY 6870 CREPE MYRTLE DRIVE GRANT, FL 32949</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Heptig, Virginia 240 Ninth Terrace Indialantic, FL 32903</b>					
Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>James Prendergast 723 Japonica Drive melbourne, FL 32901</b>					
Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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					
SIGNATURE: <u><i>Barbara M Ward</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>9/1/2007</u> <small>Daytime Phone #</small>	