FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:25

DOCUMENT # N17437 (7)

1. Corporation Name
WEST FLORIDA AVIAN SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5387 SPRINGHILL FL 34606	P.O. BOX 5387 SPRINGHILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1986
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2736440 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DRUZBICK, BARBARA
9017 ERMA RD
BROOKSVILLE FL 34603

10. Name and Address of New Registered Agent

81 Name: Paul Weekley
82 Street Address (P.O. Box Number is Not Acceptable): 3270 Deepwood Sr.
83:
84 City: Brooksville **FL** 85 Zip Code: 34609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Paul H. Weekley — DATE: 1-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	DRUZBICK, BARBARA	1.2 NAME	Paul Weekley	
STREET ADDRESS	9017 ERMA RD	1.3 STREET ADDRESS	3270 Deepwood Sr.	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	Brooksville FL. 34609	
TITLE	D	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	BUTLER, JERRY	2.2 NAME	Diane Wolodkyn	
STREET ADDRESS	7239 COVENTRY CT.	2.3 STREET ADDRESS	16006 Sam C Rd	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Brooksville FL 34613	
TITLE	D	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	MCMORRIS, ROBERT	3.2 NAME	Susan Masters	
STREET ADDRESS	16402 LARSON LN	3.3 STREET ADDRESS	7257 Galloway Rd	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	Brooksville FL. 34613	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	LANIER, PATRICIA	4.2 NAME	Robert Taylor	
STREET ADDRESS	7154 SHOALLINE DR.	4.3 STREET ADDRESS	11536-4 Daywood Meadows	
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	New Port Richey FL.	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LOMBARDO, PETER	5.2 NAME		
STREET ADDRESS	3179 GREYNOLDS AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	POWERS, HOWARD	6.2 NAME		
STREET ADDRESS	10124 PINE ISLAND DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Paul H. Weekley — Paul Weekley — 1-27-95 — 799-1872.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068780