

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N17437**

**(7)**

1. Corporation Name

**WEST FLORIDA AVIAN SOCIETY, INC.**

Principal Place of Business

P.O. BOX 5387  
SPRINGHILL FL 34606

Mailing Address

P.O. BOX 5387  
SPRINGHILL FL 34606



3. Date Incorporated or Qualified  
**10/21/1986**

3a. Date of Last Report  
**02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEEKLEY, PAUL  
3270 DEEPWOOD ST.  
BROOKSVILLE FL 34609**

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 617.0502, Florida Statutes.

SIGNATURE

*Paul H. Weekley*

*President*

*2-27-96*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEEKLEY, PAUL	
STREET ADDRESS	3270 DEEPWOOD ST.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOLOSHYN, DIANE	
STREET ADDRESS	16006 SAM C RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MASTERS, SUSAN	
STREET ADDRESS	7257 GALLOWAY RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, ROBERT	
STREET ADDRESS	11536-4 BAYWOOD MEADOWS	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOMBARDO, PETER	
STREET ADDRESS	3179 GREYNOLDS AVE.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, HOWARD	
STREET ADDRESS	10124 PINE ISLAND DR.	
CITY-ST-ZIP	SPRINGHILL FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEEKLEY PAUL	
1.3 STREET ADDRESS	17480 NICHOLAS AVE	
1.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34609	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MASTERS, SUSAN L	
2.3 STREET ADDRESS	7257 GALLOWAY RD	
2.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34613	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HEANEY, LINDA	
3.3 STREET ADDRESS	3033 DEERWELL DRIVE	
3.4 CITY-ST-ZIP	BROOKSVILLE, FL 34602	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MC CLELLAN, BILL	
5.3 STREET ADDRESS	15453 AUBREY AVE	
5.4 CITY-ST-ZIP	SPRING HILL, FL. 34610	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CAPEK, PATRICIA	
6.3 STREET ADDRESS	14234 ULYSSES DR	
6.4 CITY-ST-ZIP	HUNTER, FL 34667	

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:

*Susan L. Masters*

*SUSAN L. MASTERS*

*352-596-2229*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)