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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17437** (7)

1. Corporation Name
WEST FLORIDA AVIAN SOCIETY, INC.



Principal Place of Business P.O. BOX 5387 SPRINGHILL FL 34806	Mailing Address P.O. BOX 5387 SPRINGHILL FL 34806
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2. Principal Place of Business 21 P.O. Box 10033 Suite, Apt. #, etc. 22 BROOKSVILLE, FL City & State 23 Zip 34603 Country	2a. Mailing Address 26 P.O. Box 10033 Suite, Apt. #, etc. 27 BROOKSVILLE, FL City & State 28 Zip 34603 Country
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3. Date Incorporated or Qualified 10/21/1986
4. FEI Number 59-2736440
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MASTERS, SUSAN 7257 GALLOWAY RD. BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent 81 Name CARLA PAGNIELLO 82 Street Address (P.O. Box Number is Not Acceptable) 8139 WINTER ST. 83 84 City BROOKSVILLE FL 85 Zip Code 34613
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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 617.0503, Florida Statutes.

SIGNATURE *Carla Pagnello* **CARLA PAGNIELLO** **2/12/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME MASTERS, SUSAN	
STREET ADDRESS 7257 GALLOWAY	
CITY-ST-ZIP BROOKSVILLE FL	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME WOLOSHYN, DIANE	
STREET ADDRESS 15971 SAM C. RD.	
CITY-ST-ZIP BROOKSVILLE FL	
TITLE DVP	<input type="checkbox"/> DELETE
NAME ROXBERRY, KATHLEEN	
STREET ADDRESS 9026 UNICORN AVE.	
CITY-ST-ZIP PORT RICHEY FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BENVENUTO, KATHERINE	
STREET ADDRESS 13273 DON LOOP	
CITY-ST-ZIP SPRING HILL FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BROOKS, ROBERT	
STREET ADDRESS 1240 HANOVER CR.	
CITY-ST-ZIP SPRING HILL FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CAPEK, PATRICIA	
STREET ADDRESS 14234 ULYSSES DRIVE	
CITY-ST-ZIP HUDSON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CARLA PAGNIELLO	
1.3 STREET ADDRESS 8139 WINTER ST	
1.4 CITY-ST-ZIP BROOKSVILLE, FL 34613	
2.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME TREASURER	
2.3 STREET ADDRESS DIANE HAGERT	
2.4 CITY-ST-ZIP 7097 W.P.A. RD.	
3.1 TITLE DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME KATHLEEN ROXBERRY	
3.3 STREET ADDRESS 11341 MINNIEOLA DR.	
3.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654	
4.1 TITLE TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME SECRETARY	
4.3 STREET ADDRESS CAROLYN KIEMA	
4.4 CITY-ST-ZIP 5951 RIO DR.	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME BOARD MEMBER	
5.3 STREET ADDRESS DREEN SMITH	
5.4 CITY-ST-ZIP 5296 FREEPORT DR	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME BOARD MEMBER	
6.3 STREET ADDRESS RAINER NITSCHE	
6.4 CITY-ST-ZIP 7076 LADORA DR.	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Diane Hagert* **DIANE HAGERT** **2/12/98**

CR2E037 (10/97)