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Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N17437

1. Corporation Name

WEST FLORIDA AVIAN SOCIETY, INC.

Principal Place of Business

P O BOX 10033
 BROOKSVILLE FL 34603
 US

Mailing Address

P O BOX 10033
 BROOKSVILLE FL 34603
 US



| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 P O Box 5387 | | 26 P O Box 5387 | | 10/21/1986 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2736440 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Spring Hill FL | | 28 Spring Hill FL | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | Trust Fund Contribution <input type="checkbox"/> | |
| 24 34611 25 USA | | 29 34611 30 USA | | | |

9. Name and Address of Current Registered Agent

CARLA PAGNIELLO
8139 WINTER ST
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

| | | |
|---|----------------------|-------------------|
| 81 Name | Brenda M. Hoch | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | v 12225 Litewood Dr. | |
| 83 | | |
| 84 City | FL | 85 Zip Code 34669 |

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 Brenda M. Hoch **Brenda M. Hoch, Registered Agent** **3/25/99**
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 | DP <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLA PAGNIELLO | 1.2 NAME | Kathy Roxberry |
| STREET ADDRESS | 8139 WINTER ST | 1.3 STREET ADDRESS | 11341 Minnieola Dr |
| CITY-ST-ZIP | BROOKSVILLE FL 34613 | 1.4 CITY-ST-ZIP | New Port Richey, FL 34654 |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIANE HAGERT | 2.2 NAME | Bunnie Cooper |
| STREET ADDRESS | 7097 W.P.A. RD | 2.3 STREET ADDRESS | 9659 South Buckskin Ave |
| CITY-ST-ZIP | BROOKSVILLE FL 34601 | 2.4 CITY-ST-ZIP | Floral City, FL 34436 |
| TITLE | DVP <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATHLEEN ROXBERRY | 3.2 NAME | Ilona Wentzel |
| STREET ADDRESS | 11341 MINNIEOLA DR | 3.3 STREET ADDRESS | 4184 Glade Rd |
| CITY-ST-ZIP | NEW PT RICHEY FL 34654 | 3.4 CITY-ST-ZIP | Spring Hill, FL 34606 |
| TITLE | TS <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAROLYN KLEMA | 4.2 NAME | Brenda Hoch |
| STREET ADDRESS | 5951 RIO DR | 4.3 STREET ADDRESS | 12225 Litewood Dr. |
| CITY-ST-ZIP | NEW PT RICHEY FL 34652 | 4.4 CITY-ST-ZIP | Hudson, FL 34669 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOREEN SMITH | 5.2 NAME | |
| STREET ADDRESS | 5296 FREEPORT DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SPRING HILL FL 34606 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAINER NITSCHKE | 6.2 NAME | |
| STREET ADDRESS | 7076 LADORA DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKSVILLE FL 34612 | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: Kathy Roxberry **Kathy Roxberry, President, 3/25/99** **863-9748**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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