

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90028 034 ****70.00

DOCUMENT # N17437 1. Entity Name WEST FLORIDA AVIAN SOCIETY, INC.			
Principal Place of Business P O BOX 5387 SPRING HILL, FL 34611 US		Mailing Address P O BOX 5387 SPRING HILL, FL 34611 US	
2. Principal Place of Business <i>P.O. Box 5387</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 5387</i> Suite, Apt. #, etc.	
City & State <i>Spring Hill, FL</i> Zip <i>34611</i>		City & State <i>Spring Hill, FL</i> Zip <i>34611</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-2736440		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMITTOU, LISA M 15710 SHADY HILLS RD BROOKSVILLE, FL 34610		7. Name and Address of New Registered Agent Name <i>Dorothea Zimmer</i> Street Address (P.O. Box Number is Not Acceptable) <i>4360 Neff Lake Road</i> City <i>Brooksville</i> FL Zip Code <i>34601</i>	
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 <i>Dorothea Zimmer</i> DATE <i>Mar. 26, 2004</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing. Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAGO, MARGARET L 1490 GLENRIDGE DR SPRING HILL, FL 34609	☒ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMITTOU, LISA M 15710 SHADY HILLS RD SPRING HILL, FL 34610	☒ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCORMICK, ERNA A 11152 BLACKWOOD DR NEW PORT RICHEY, FL 34654	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BESTERCY, ROBERT J 11315 LINDEN DR SPRING HILL, FL 346085138	☒ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Albina Cooper 9659 S. Buckskin Ave. Miami City, FL 34436	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dorothea Zimmer 4360 Neff Lake Road Brooksville, FL 34601	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Erna A. McCormick 11152 Blackwood Drive New Port Richey, FL 34654	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa Schmittou 15710 Shady Hills Road Spring Hill, FL 34610	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Parks 1427 Escobar Ave. Spring Hill, FL 34608	☐ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margaret Lago 1490 Glenridge Drive Spring Hill, FL 34609	☐ Delete	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 13.07(3)(i), 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 an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Dorothea Zimmer</i> DATE <i>3.26.04</i> DAYTIME PHONE # <i>352 796-1225</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			