2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # N17437 04-27-2005 90279 010 ****70.00 WEST FLORIDA AVIAN SOCIETY, INC. Principal Place of Business Mailing Address P.O. BOX 5387 P.O. BOX 5387 SPRING HILL, FL 34611 SPRING HILL, FL 34611 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-2736440 Applied For City & State Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZIMMER, DOROTHEA Street Address (P.O. Box Number is Not Acceptable) 4630 NEFF LAKE ROAD BROOKSVILLE, FL 34601 City Zip Code 9. 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 Signature, typed or printed name of regulatered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition TITLE ☐ Delete COOPER, ALBINA NAME NAME 9659 S. BUCKSKIN AVE. STREET ADORESS STREET ADDRESS FLORAL CITY, FL 34436 CITY-ST-ZIP CITY-ST-7/2 ☐ Change Addition TITLE ☐ Delete TITLE ZIMMER, DOROTHEA NAME NAME STREET ADDRESS 4360 NEFF LAKE ROAD STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34601 CITY-ST-ZIP Delete TITI F ■ Addition TITLE MCCORMICK, ERNA A NAME NAME 11152 BLACKWOOD DR STREET ADDRESS STREET ADDRESS NEW PORT RICHEY, FL 34654 CITY-ST-ZIP CITY-ST-7/P 1 Delete TITLE Addition TITLE NAME SCHMITTON: LISA NAME STREET ADDRESS STREET ADDRESS 15710 SHADY HILLS ROAD CITY-ST-ZIP CITY-ST-ZP SPRING HILL, FL 34610 ☐ Change ☐ Addition ВМ ☐ Detete TITLE TITI F PARKS, LINDA NAME NAME STREET ADDRESS 1427 ESCOBAR AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL, FL 34608 Delete Change ☐ Addition ПΠЕ 1/pecman LAGO, MARGARET NAME NAME STREET ADDRESS 1490 GLENRIDGE DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP PUIJOC 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3N). 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 tan 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 on an attachment with an address, with all other like empowered. DogoThea

SCHOOL THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED