2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State
08-08-2007 90067 048 ****70.00

DOCUMENT # N17437

1. Entity Name
WEST FLORIDA AVIAN SOCIETY, INC.

2007

Principal Place of Business	Mailing Address
P.O. BOX 5387 SPRING HILL, FL 34611 US	P.O. BOX 5387 SPRING HILL, FL 34611 US

07262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
COOPER, ALBINA L 9659 S BUCKSKIN AVE FLORAL CITY, FL 34436	Name: Albina L Cooper Street Address (P.O. Box Number is Not Acceptable): 9659 S Buckskin Ave City: Floral City FL Zip Code: 34436

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: Albina L Cooper 8-6-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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	T COOPER, ALBINA 9659 S. BUCKSKIN AVE. FLORAL CITY, FL 34436	☒ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Kellman Joe PD 7834 West Adorpmdacl Dunnellon FL 34433 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOORE, SHERRY 10531 HOUSTON AVE HUDSON, FL 34667	☒ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHMITTOU, LISA 15710 SHADY HILL RD SPRING HILL, FL 34610	☒ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Schmittou Lisa 15710 Shady Hill Rd Spring Hill, FL 34610 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, ROBERT 9659 S BUCKSKIN AVE FLORAL CITY, FL 34436	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Cooper Robert 9659 S Buckskin Ave Floral City, FL 34436 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KELLMAN, JOE 7834 WEST ADORPMDACL STREET DUNNELLON, FL 34433	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Albina Cooper 9659 S Buckskin Ave Floral City, FL 34436 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRICE, NITA 8501 NEWTON DR PORT RICHEY, FL 34668	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Shana Stewart 17010 Meridian Blvd Hudson, FL 34667 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Albina L Cooper Albina L Cooper 8-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #