

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90177 035 \*\*\*\*70.00

**DOCUMENT # N29050**

1. Entity Name  
**THE GREATER BRANDON AVIAN SOCIETY, INC.**



Principal Place of Business  
**RUSKIN MOOSE LODGE  
1212 E SHELL PT RD  
RUSKIN, FL 33570 US**

Mailing Address  
**1735 COUNCIL DR  
SUN CITY CENTER, FL 33573-1178 US**

10010000



01022007 Chg-NP CR2E037 (12/06)

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

3. Mailing Address  
**123 ST MARTINS WAY**  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**65-0089228**  
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

**WOOLLARD, ROBERT E JR  
123 ST MARTINS WAY  
APOLLO BEACH, FL 33572**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 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 P  
NAME WOOLLARD, ROBERT E JR  
STREET ADDRESS 123 ST MARTINS WAY  
CITY-ST-ZIP APOLLO BEACH, FL 33572 ☐ Delete

TITLE D  
NAME CARGEL, MARCIA  
STREET ADDRESS 4611 LEONA ST  
CITY-ST-ZIP TAMPA FL 33629 ☐ Change ☒ Addition

TITLE V  
NAME HOWLE, VICKIE  
STREET ADDRESS 10010 RIVERVIEW DR  
CITY-ST-ZIP RIVERVIEW, FL 33569 ☐ Delete

TITLE D  
NAME SCAFORO, JOHN  
STREET ADDRESS 1515 DEL WEBB BLVD W  
CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☐ Change ☒ Addition

TITLE T  
NAME BLOOMER, KATHY  
STREET ADDRESS 728 44TH AVE E  
CITY-ST-ZIP ELLENTON, FL 34222 ☒ Delete

TITLE D  
NAME HOWISON SHARON  
STREET ADDRESS 6021 22ND AVE GRE  
CITY-ST-ZIP PALMETTO FL 34221 ☐ Change ☒ Addition

TITLE S  
NAME WOOLLARD, VERDELL J  
STREET ADDRESS 123 ST MARTINS WAY  
CITY-ST-ZIP APOLLO BEACH, FL 33572 ☐ Delete

TITLE D  
NAME ASHBY, RAE  
STREET ADDRESS 12722 BRAMFIELD DR  
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Change ☒ Addition

TITLE D  
NAME WARREN, LILLIAN  
STREET ADDRESS 1735 COUNCIL DR  
CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SCHROECK, GLORIA  
STREET ADDRESS 1515 DEL WEBB BLVD W  
CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☐ Delete

TITLE T  
NAME SCHROECK, GLORIA  
STREET ADDRESS 1515 DEL WEBB BLVD W  
CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☒ 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: Gloria Schroeck **GLORIA SCHROECK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/07 813-633-7629  
Date Daytime Phone #