

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29050

FILED
Feb 01, 2009
Secretary of State

Entity Name: THE GREATER BRANDON AVIAN SOCIETY, INC.

Current Principal Place of Business:

RUSKIN MOOSE LODGE
1212 E SHELL PT RD
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT WOOLLARD
123 ST. MARTINS WAY
APOLLO BEACH, FL 33572 US

New Mailing Address:

FEI Number: 65-0089228 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOOLLARD, ROBERT E JR
Address: 123 ST MARTINS WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: V () Delete
Name: HOWLE, VICKIE
Address: 10010 RIVERVIEW DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: CARGEL, MARCIA
Address: 4611 LEONA ST
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: WOOLLARD, VERDELL J
Address: 123 ST MARTINS WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: D () Delete
Name: SCARORDI, JOHN
Address: 1515 DEL WEBB BLVD W
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T () Delete
Name: SCHROECK, GLORIA
Address: 1515 DEL WEBB BLVD W
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCAFORDI, JOHN
Address: 1515 DEL WEBB BLVD W
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA SCHROECK

TREA

02/01/2009

Electronic Signature of Signing Officer or Director

_____ Date