

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42852

FILED
Jan 26, 2007
Secretary of State

Entity Name: IMPERIAL BIRD CLUB, INC.

Current Principal Place of Business:

102 JOSHUA CT
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

102 JOSHUA CT
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-3054449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDD, MAY
102 JOSHUA CT
AUBURNDALE, FL 33823 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: SD () Delete
Name: HERRING, FRAN
Address: 97 N 6TH ST
City-St-Zip: LAKE HAMILTON, FL 33851

Title: TD () Delete
Name: RUDD, MAY
Address: 102 JOSHUA CT
City-St-Zip: AUBURNDALE, FL

Title: PD () Delete
Name: SMITH, RAMONA
Address: 14710 BRAHMA RD
City-St-Zip: POLK CITY, FL 33868

Title: VPD () Delete
Name: SMITH, FRED
Address: 14710 BRAHMA RD
City-St-Zip: POLK CITY, FL 33868

Title: DR () Delete
Name: BAXTER, JIM
Address: 4533 WESTON CT
City-St-Zip: BARTOW, FL 33830

Title: DR () Delete
Name: PATTISON, JEAN
Address: 6615 NEW TAMPA HWY
City-St-Zip: LAKE LAND, FL 33815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SUSTMAN, SHIRLEY
Address: 3009 HICKORY AV NW
City-St-Zip: AUBURNDALE, FL 33823

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: DR (X) Change () Addition
Name: KANE, VALERIE
Address: 1300 POE RD
City-St-Zip: LAKE WALES, FL 33898

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MAY RUDD

TD

01/26/2007

Electronic Signature of Signing Officer or Director

Date