

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42852

FILED
Jan 21, 2009
Secretary of State

Entity Name: IMPERIAL BIRD CLUB, INC.

Current Principal Place of Business:

14710 BRAHMA RD
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

14710 BRAHMA RD
POLK CITY, FL 33868 US

New Mailing Address:

14710 BRAHMA RD
POLK CITY, FL 33868

FEI Number: 59-3054449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RAMONA
14710 BRAHMA RD
POLK CITY, FL 33868 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: RIGDON, SHERRY
Address: 2960 LOWERY DR
City-St-Zip: ORLANDO, FL 32765

Title: TD () Delete
Name: RIGDON, JOE
Address: 2960 LOWERY DR
City-St-Zip: ORLANDO, FL 32765

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

Title: VPD () Delete
Name: PEARSON, RICHARD
Address: 520 PEARSON PATH
City-St-Zip: AUBERNDAL, FL 33823

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

Title: DR () Delete
Name: JOYCE, RICHARD
Address: 332 W BULLARD AVE
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: JOYCE, WANDA
Address: 332 W.BULLARD AVE.
City-St-Zip: LAKE WALES, FL 33853

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

Title: VPD (X) Change () Addition
Name: BERNARD, DEBRA
Address: 1070 FOX HUNT DR.
City-St-Zip: WINTER HAVEN, FL 33880

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

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: RAMONA K. SMITH

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

Date