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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44838

1. Corporation Name

GAINESVILLE BIRD FANCIERS, INC.

Principal Place of Business

**MOREY RESIDENCE
2018 NW 40TH TERR
GAINESVILLE FL 32605
US**

Mailing Address

**PO BOX 15294
UNIVERSITY STATION
GAINESVILLE FL 32601
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

05/06/1991

4. FEI Number

59-3074735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**MOREY, FRANCES M.
2018 NW 40TH TERRACE

GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MOREY, FRANCES M**
STREET ADDRESS **2018 NW 40TH TERR**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VT** ☐ DELETE
NAME **DOUGLAS, HARRIET**
STREET ADDRESS **RT. 1, BOX 2280**
CITY-ST-ZIP **FT. WHITE FL**

TITLE **VT** ☒ DELETE
NAME **TOBIAS, BILLY**
STREET ADDRESS **5720 SW 16TH ST**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **TT** ☒ DELETE
NAME **SACKETT, DEANNA**
STREET ADDRESS **RT 1 BOX 321-D**
CITY-ST-ZIP **MICANOPY FL**

TITLE **ST** ☐ DELETE
NAME **HENDERSON, MILA**
STREET ADDRESS **3001 SW ARCHER RD #3**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VT**
3.3 STREET ADDRESS **Elaine Culpepper**
3.4 CITY-ST-ZIP **9218 NE Waldo Rd**
Gainesville, FL. 32609

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TT**
4.3 STREET ADDRESS **Cindy Anderson**
4.4 CITY-ST-ZIP **12610 NW 214 Terr**
High Springs, FL 32643

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cindy Anderson** 2-20-99 (352) 374-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011162

CR2F037-11198