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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCU 1. Corporation	IMENT # N9300	00001872 (1)		
CENT	ral florida bird breed	ERS, INC.			
Principal Plac	e of Business	Mailing Address			(
2891 KING OAK CIR		CENTRAL FLORIDA BIRD BREEDERS			
ST. CLOUD	FL 34769	2891 KING OAK CIR. ST.CLOUD FL 34769			
		01.02000 12 04703		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		04/26/1993 4. FEI Number	10/06/1995
21		26		59-3186404	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	le	City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zıp	Country	Zip	Country	This corporation has liability for	Added to Fees
24	25 9. Name and Address of Curre	29	30	Florida Statutes	🗀 Yes 🔀 No
···········	a. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New F	legistered Agent
GOSS,	GENE				
	NG OAK CIR		82 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)
ST. CLC	DUD FL 34769		83		
			84 City		
					FL 85 Zip Code
 Pursuant or registe 	to the provisions of Sections 617,0502 red agent, or both, in the State of Flori	2 and 617.1508, Florida Statute ida. Such change was authorizi	es, the above-named corporation's boar	ation submits this statement for the pur d of directors. I hereby accept the app	pose of changing its registered office
	ith, and accept the obligations of, Sect	tion 617.0503, Florida Statutes		d of directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent	t and little it applicable (NiC	TE: Registered Agent signature required		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 19
TITLE	P	DELETE	1 1 TITLE		Change Addition
NAME	GOSS, EUGENE F		12 NAME G	era, Raymond	m.
STREET ADDRESS	2891 KING OAK CIR ST. CLOUD FL 34769		1.3 STREET ADDRESS 5.	5-25 magnelia	Rd
CITY-ST-ZIP TITLE	· VP	DELETE	1.4 CHTY-ST-ZIP	+ · Cloud, FL 34	773
NAME	CIMINO, JOHN J		2.1 TITLE	prothe Charna	Change Addition
STREET ADDRESS	800 HELMLOCK DR.				
CITY-ST-ZIP	ST. CLOUD FL 34789				^ a1
TITLE			23 STREET ADDRESS 5	525 magnolia	Rd.
	DS	DELETE	2 3 STREET ADDRESS 5 2 4 CITY-ST-ZIP 5 3 1 TITLE D	+ Cloud, FL 3	R.J. 3 4733 Marchange □ Addition
NAME	BAKER, SUE J	DELETE	2 3 STREET ADDRESS 5 2 4 CITY-ST-ZIP 5 3 1 TITLE D	+ Cloud, FL 3 rank Glammar	Rd. 34733 Machange □ Addition
STREET ADDRESS	Baker, sue J Sara L. St.	DELETE	2 3 STREET ADDRESS 5 2 4 CITY-ST-ZIP 5 3 1 TITLE D	525 magnolia	Rd. 34733 Machange □ Addition
STREET ADDRESS CITY-ST-ZIP	BAKER, SUE J SARA L. ST. KISSIMMEE FL 34744	_	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP	+ Cloud, FL 3 rank Glammar	れる。 3 4733 X Change
STREET ADDRESS CITY-ST-ZIP TITLE	BAKER, SUE J SARA L. ST. KISSIMMEE FL 34744 DT	□ DELETE	2 3 STREET ADDRESS 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	t Cloud, FL 3 rank Glamman Il Rider Circle Ils mmee FL 3	Rd. 34733
STREET ADDRESS CITY-ST-ZIP TITLE NAME	BAKER, SUE J SARA L. ST. KISSIMMEE FL 34744 DT ALEMAN, JOSE	_	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME	t Cloud, FL 3 rank Glamman II Rider Circle IIBSIMMER FL 3 athy Pièrce	れる。 3 4733 X Change
STREET ADDRESS CITY-ST-ZIP TITLE	BAKER, SUE J SARA L. ST. KISSIMMEE FL 34744 DT	_	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 STREET ADDRESS 4.5 STREET ADDRESS 4.5 STREET ADDRESS 4.5 STREET ADDRESS	t Cloud, FL 3 rank Gramman II Rider Circle IBSIMMER FL 3 athy Pièrce 1751 S.O.B.T.	Rd- 3 4733 MChange
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BAKER, SUE J SARA L. ST. KISSIMMEE FL 34744 DT ALEMAN, JOSE 11536 CHESTFIELD CT.	DELETE	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 STREET ADDRESS 4.5 STREET ADDRESS 4.5 STREET ADDRESS 4.5 STREET ADDRESS	t Cloud, FL 3 rank Glamman II Rider Circle IIBSIMMER FL 3 athy Pièrce	Rd. 3 4733
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAKER, SUE J SARA L. ST. KISSIMMEE FL 34744 DT ALEMAN, JOSE 11536 CHESTFIELD CT. ORLANDO FL 32837 D DEJARLAIS, ALVERHA	_	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE D	t Cloud, FL 3 rank Gramman II Rider Circle ILBS IMMER FL 3 athy Pierce 1761 S.O.B.T. avenfort, FL	Rd- 3 4733 MChange
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BAKER, SUE J SARA L. ST. KISSIMMEE FL 34744 DT ALEMAN, JOSE 11536 CHESTFIELD CT. ORLANDO FL 32837 D DEJARLAIS, ALVERHA 400 SKYWARD CT. ST. CLOUD FL 34771 D ELMORE, DON	□ DELETE	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME	t Cloud, FL 3 rank Gramman II Rider circle IIBSIMMER FL 3 athy Pierce ITG S.O.B.T. avenport, FL Non-Morgan BOI absher Dr	Addition Co Change Addition Co Change Addition Addition Change Addition Addition
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE	
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SIGNATURE AND TYPEGODER NITED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-96 (407) 957-7274

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