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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001872 (1)**

1. Corporation Name

**CENTRAL FLORIDA BIRD BREEDERS, INC.**



Principal Place of Business

Mailing Address

**2891 KING OAK CIR  
ST. CLOUD FL 34769**

**CENTRAL FLORIDA BIRD BREEDERS  
2891 KING OAK CIR.  
ST.CLOUD FL 34769-6618**

3. Date Incorporated or Qualified  
**04/26/1993**

3a. Date of Last Report  
**06/27/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

**59-3186404**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOSS, GENE  
2891 KING OAK CIR  
ST. CLOUD FL 34769**

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

*Eugene F. Goss Jr.*

(NOTE: Registered Agent signature required when reinstating)

**2/20/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **GERA, RAYMOND M**  
STREET ADDRESS **5525 MAGNOLIA ROAD**  
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D** ☐ DELETE

NAME **CHERNAK, DOROTHY**  
STREET ADDRESS **5525 MAGNOLIA ROAD**  
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **D** ☐ DELETE

NAME **GIAMMANCO, FRANK**  
STREET ADDRESS **411 RIDER CIRCLE**  
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **D** ☒ DELETE

NAME **PIERCE, KATHY**  
STREET ADDRESS **6175 SOBT**  
CITY-ST-ZIP **DAVENPORT FL**

TITLE **D** ☐ DELETE

NAME **KNOX-MORGAN**  
STREET ADDRESS **2801 ABSHER DRIVE**  
CITY-ST-ZIP **NARCOOSSEE FL**

TITLE **D** ☒ DELETE

NAME **ELMORE, DON**  
STREET ADDRESS **730 PIANCA DR.**  
CITY-ST-ZIP **N.E. POMBAY FL 32905**

1.1 TITLE **Director, President** ☐ Change ☒ Addition

1.2 NAME **Eugene F. Goss Jr.**  
1.3 STREET ADDRESS **2891 King Oak Cir.**  
1.4 CITY-ST-ZIP **St. Cloud, FL. 34769**

2.1 TITLE **Director, Secretary** ☐ Change ☐ Addition

2.2 NAME **Dorothy Chervak**  
2.3 STREET ADDRESS **5525 Magnolia Rd.**  
2.4 CITY-ST-ZIP **St. Cloud, FL. 34769**

3.1 TITLE **Director, Treasurer** ☐ Change ☒ Addition

3.2 NAME **Carolyn F. McCreery**  
3.3 STREET ADDRESS **1815 Geigel Ave.**  
3.4 CITY-ST-ZIP **Orlando FL. 32706**

4.1 TITLE **Director, Vice President** ☐ Change ☒ Addition

4.2 NAME **Donna Hamilton**  
4.3 STREET ADDRESS **1678 Highland Court**  
4.4 CITY-ST-ZIP **CoCoa FL. 32922**

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 do 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.

SIGNATURE:

*Eugene F. Goss Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/97**

Date

Daytime Phone # 0070406

CR2E037 (9/96)