

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1901 E. IRLD Bronson Hwy.

Cocoa FL

City & State

City & State

Kissimmee, FL

32922

Zip

Country

Zip

Country

34744

32922

32924

Brevard

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

04/26/1993

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name Donna S. Hamilton

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

1678 Highland Ct.

83

84

City Cocoa

FL

85

Zip Code 32922

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 Donna S. Hamilton

8-5-98

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 DP ☒ DELETE

NAME GOSS, EUGENE F JR
STREET ADDRESS 2891 KING OAK CR
CITY-ST-ZIP ST. CLOUD FL

TITLE DP ☐ 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 DT ☒ DELETE

NAME MCCREEVY, CAROLYN
STREET ADDRESS 1815 GEIGEL AVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

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

TITLE DP ☐ DELETE

NAME HAMILTON, DONNA
STREET ADDRESS 1678 HIGHLAND CT
CITY-ST-ZIP COCOA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. ☐ Change ☒ Addition

1.2 NAME Donna S. Hamilton
1.3 STREET ADDRESS 1678 Highland Ct.
1.4 CITY-ST-ZIP Cocoa, FL 32922

2.1 TITLE Sec. ☐ Change ☒ Addition

2.2 NAME Beth Greenberg
2.3 STREET ADDRESS 5300 Shadwell Av.
2.4 CITY-ST-ZIP Cocoa, FL 32922

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Reta Greenberg
3.3 STREET ADDRESS 5320 Shadwell Av.
3.4 CITY-ST-ZIP Cocoa, FL 32922

4.1 TITLE DT ☐ Change ☒ Addition

4.2 NAME Janet Stanbro
4.3 STREET ADDRESS 53 Odden Av.
4.4 CITY-ST-ZIP Rockledge, FL 32755

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Morgan Knox
5.3 STREET ADDRESS 2801 Adsher Dr.
5.4 CITY-ST-ZIP Narcoossee, FL

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Suzanna Carroll
6.3 STREET ADDRESS 2801 Adsher Dr.
6.4 CITY-ST-ZIP Narcoossee, FL

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.

SIGNATURE: Donna S. Hamilton Donna Hamilton 7-21-98 407-639-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5611

FILED
Sep 03 1998 8:00am
Secretary of State



CR2E037 (5/98)