

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90225 023 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000004610

1. Corporation Name

BIRD WORLD, INC.

Principal Place of Business

RT 3 BOX 24
HAWTHORNE FL 32640

Mailing Address

RT 3 BOX 24
HAWTHORNE FL 32640

139905 90225 - 23



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

10/07/1993

4. FEI Number

59-3206748

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

HAUFLER, RAY E
RT 3 BOX 24
HAWTHORNE FL 32640

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 D
NAME HARTZEN, RENO
STREET ADDRESS 4129 NW 39 WY
CITY-ST-ZIP GAINESVILLE FL 32606

☒ DELETE

TITLE D
NAME GRACY, III W
STREET ADDRESS RT 3 BOX 26
CITY-ST-ZIP HAWTHORNE FL 32640

☐ DELETE

TITLE D
NAME LESTER, SCOTT
STREET ADDRESS 23026 S E HAWTHORNE RD
CITY-ST-ZIP HAWTHORNE FL 32640

☐ DELETE

TITLE D
NAME HAUFLER, EUGENE C
STREET ADDRESS 108 N UNIVERSITY BLVD
CITY-ST-ZIP ARCHER FL 32618

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME GARTH A. JOSEPH
1.3 STREET ADDRESS 3100 NW 91ST STREET #111
1.4 CITY-ST-ZIP GAINESVILLE, FL 32606

☐ Change

☒ Addition

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

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE D
5.2 NAME CHERYL HAUFLER
5.3 STREET ADDRESS RT 3 BOX 24
5.4 CITY-ST-ZIP HAWTHORNE, FL 32640

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

352-481-0009

Daytime Phone #

CR2E037 (11/98)