

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001668

FILED
Apr 18, 2007
Secretary of State

Entity Name: THE GREATER TREASURE COAST EXOTIC BIRD CLUB, INC.

Current Principal Place of Business:

PO BOX 2561
STUART, FL 34995

New Principal Place of Business:

4710 SE ANCHOR AVENUE
STUART, FL 34997

Current Mailing Address:

PO BOX 2561
STUART, FL 34995

New Mailing Address:

FEI Number: 59-3307419 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DWYER, KATHLEEN
5603 CASSA DR
FT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUNN, JAMES
Address: 2932 SW BIRTLE COURT
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V () Delete
Name: CASTANER, RON
Address: 13396 58TH COURT N
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S () Delete
Name: CARLOCK, LISA
Address: 1662 NE SOUTH ST
City-St-Zip: JENSEN BEACH, FL 34957

Title: P () Delete
Name: DWYER, KATHY
Address: 5603 CASSIA DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: STOTZ, ROBERT II
Address: 240 SW BECKER RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: BULAWSKI, LAURA
Address: 2485 SE CHARLESTON DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEFALCO, MARY
Address: 5600 BUCHANAN DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FARR, ANNE ROSE
Address: 5099 SE PINE RIDGE WAY
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN DWYER

PRES

04/18/2007

Electronic Signature of Signing Officer or Director

Date