

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001668

FILED
Mar 16, 2009
Secretary of State

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

Current Principal Place of Business:

4710 SE ANCHOR AVENUE
STUART, FL 34997

New Principal Place of Business:

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 ()

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: REILLY, BARBARA
Address: 19023 SE FEARNLEY DRIVE
City-St-Zip: TEQUESTA, FL 33469

Title: V () Delete
Name: MCCORMICK, TIM
Address: 1425 SE APPAMATTAY TERRACE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: S () Delete
Name: MORIN, JUDY
Address: 12405 S. INDIAN RIVER DRIVE
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: 1657 SW HAMPSHIRE LANE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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 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 T. DWYER

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date