

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002337 (2)

1. Corporation Name

THE HEARTLAND AVIAN SOCIETY, INC.

Principal Place of Business

3347 NORTHERN BLVD
LAKE PLACID FL 33852

Mailing Address

P O BOX 3864
SEBRING FL 33871-3864



3. Date Incorporated or Qualified

05/12/1995

3a. Date of Last Report

05/12/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

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

JUNE, MAXINE

3347 NORTHERN BLVD
LAKE PLACID FL 33852

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 agent or applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☒ DELETE

TRES

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

GORDON DAVIS

☐ Change ☐ Addition

321 CR. 29

DIR

LAKE PLACID, FL 33852

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

CIUDIA BRIGHAM

2312 OAK BEACH BLVD

SEBRING, FL 33872

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

WAYNE THOMANN

☐ Change ☐ Addition

2535 ARROWHEAD RD DIR

AVON PARK, FL 33825

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TERRY DANIEL

2952 MILDEN RD V. PRES

AVON PARK, FL 33825

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

RALPH HERMAN

☐ Change ☐ Addition

446 S. FRANKLIN

DIR

SEBRING, FL 33870

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

BONNIE DADNER

2952 MILDEN RD SEC

AVON PARK, FL 33825

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

MAXINE JUNE

3347 NORTHERN BLVD DIR

LAKE PLACID, FL 33852

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

500001893175

☐ Change ☐ Addition

-07/15/96--01014--014

***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

6/6/96 (941) 465-9358

CR2E037 (3/96)