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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004857 (7)

1. Corporation Name

FRIENDS OF THE FEATHERED INC.

Principal Place of Business

857 SEMINOLE BLVD.
TARPON SPRINGS FL 34689

Mailing Address

857 SEMINOLE BLVD.
TARPON SPRINGS FL 34689-24363. Date Incorporated or Qualified
10/09/19953a. Date of Last Report
03/11/1996

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

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

TALLMAN, CAROL A
857 SEMINOLE BLVD.
TARPON SPRINGS FL 34689

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 PD ☐ DELETE
NAME TALLMAN, ALLEN R
STREET ADDRESS 857 SEMINOLE BLVD.
CITY-ST-ZIP TARPON SPRINGS FL 34689TITLE VD ☐ DELETE
NAME PERRY, MICHAEL
STREET ADDRESS 427 BROADWAY
CITY-ST-ZIP DUNEDIN FL 34698TITLE D ☒ DELETE
NAME LIBROTH, ANDRE'
STREET ADDRESS 776 CLAUDIA LN
CITY-ST-ZIP PALM HARBOR FL 34683TITLE D ☐ DELETE
NAME MEGALOUDES, GARY
STREET ADDRESS 113 TARPON AVE.
CITY-ST-ZIP TARPON SPRINGS FL 34689TITLE TD ☐ DELETE
NAME GROSS, GILDA
STREET ADDRESS 3146 SUTTON PL
CITY-ST-ZIP HOLIDAY FL 34691TITLE D ☒ DELETE
NAME BILIRAKIS, GUS
STREET ADDRESS 4538 BARTELT RD.
CITY-ST-ZIP HOLIDAY FL 34690

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Director
3.3 STREET ADDRESS Hover, Chris
3.4 CITY-ST-ZIP 3920 Alt 19 #114
Dunedin FL 346984.1 TITLE ☐ Change ☒ Addition
4.2 NAME Director
4.3 STREET ADDRESS Redman, Rick
4.4 CITY-ST-ZIP 7434 Fairfax Dr.
Port Richey FL 346685.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Director
6.3 STREET ADDRESS Devos, Dustin
6.4 CITY-ST-ZIP 5147 Sandalwood Dr.
Holiday FL 34690

14. I do 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. ALLEN R. TALLMAN PRES.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088954

CP2E037 (9/96)