

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90016 031 ****61.25

DOCUMENT # **N95000004857**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

NOT APPLICABLE

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

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

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

Carol A. Tallman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TALLMAN, ALLEN R.
STREET ADDRESS 857 SEMINOLE BLVD.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VD
NAME PERRY, MICHAEL
STREET ADDRESS 427 BROADWAY
CITY-ST-ZIP DUNEDIN FL 34698

TITLE D
NAME HOVER, CHRIS
STREET ADDRESS 2920 ALT 19 #114
CITY-ST-ZIP DUNEDIN FL

TITLE D
NAME MEGALLOUDIS, GARY
STREET ADDRESS 113 TARPON AVE.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE TD
NAME GROSS, GILDA
STREET ADDRESS 3146 SUTTON PL
CITY-ST-ZIP HOLIDAY FL 34691

TITLE S
NAME CAROL A TALLMAN
STREET ADDRESS 857 SEMINOLE BLVD
CITY-ST-ZIP TARPON SPRGS FL 34689

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-ZIP

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

3.1 TITLE Director ☒ Change ☐ Addition
3.2 NAME Hover, Chris
3.3 STREET ADDRESS 4037 Grayton Dr.
3.4 CITY-ST-ZIP New Port Richey, FL. 34662

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME Megaloudis, Gary
4.3 STREET ADDRESS 342 Crosswinds Dr.
4.4 CITY-ST-ZIP Palm Harbor, FL. 34683

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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:

Carol A. Tallman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-99

Date

727-942-8318

Daytime Phone #

0072462

CR2E037 (11/98)