

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 23, 1999 8:00 am  
Secretary of State

04-23-1999 90104 012 \*\*\*\*70.00

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1. Corporation Name

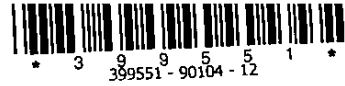
SEABIRD RESCUE, INC.

Principal Place of Business

1103 IBSEN  
ORLANDO FL 32809

Mailing Address

1103 IBSEN  
ORLANDO FL 32809



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

3. Date Incorporated or Qualified

03/19/1997

4. FEI Number

APPLIED FOR 59-354-1144

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

FISHER, PAT  
1103 IBSEN  
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name Gerald Matthes

82 Street Address (P.O. Box Number is Not Acceptable)

817 W. Birchwood Cir.

83

84 City Kissimmee

FL

85 Zip Code 34743

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 *R. Patrick Fisher*

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

(NOTE: Registered Agent signature required when reinstating)

4-14-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME FISHER, PAT  
STREET ADDRESS 1103 IBSEN  
CITY-ST-ZIP ORLANDO FL 32809

☐ DELETE

TITLE D  
NAME MATTHESS, GERALD  
STREET ADDRESS BOX 590312  
CITY-ST-ZIP ORLANDO FL 32809

☐ DELETE

TITLE D  
NAME ESCHBACH, MARY DR.  
STREET ADDRESS P.O. BOX 560216  
CITY-ST-ZIP ROCKLEDGE FL 32956

☐ DELETE

TITLE D  
NAME Ray Hule  
STREET ADDRESS 1103 Ibsen  
CITY-ST-ZIP Orlando FL 32809

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D  
Ray Hule  
1103 Ibsen  
Orlando FL 32809

☐ Change

☒ Addition

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

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-99 407-344-2035

CR2E037 (1/98)