


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001519	
1. Entity Name FLORIDA FEDERATION OF AVICULTURE, INC.	

Principal Place of Business 1314 STATE ROAD 60 WEST PLANT CITY, FL 33567	Mailing Address 1314 STATE ROAD 60 WEST PLANT CITY, FL 33567-9282
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DO NOT WRITE IN THIS SPACE



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3449335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, PHYLLIS 1314 S R 60 WEST PLANT CITY, FL 33567	DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	MEADE, JOHN
STREET ADDRESS	10107 CONE GROVE ROAD
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	PD
NAME	PEARSON, RICHARD
STREET ADDRESS	520 PEARSON'S PATH
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	RASD
NAME	MARTIN, PHYLLIS K
STREET ADDRESS	1314 S.R. 60 WEST
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	MCCORMIC, DAN
STREET ADDRESS	P.O. BOX 1000
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	VPD
NAME	RICHARDSON, BILL
STREET ADDRESS	2856 LAWHON ROAD WEST
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	SD
NAME	MARTIN, PHYLLIS K
STREET ADDRESS	1314 STATE ROAD 60 WEST
CITY-ST-ZIP	PLANT CITY, FL 33567

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1000000058193
02/20/04-80020-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phyllis K. Martin* *Phyllis K. Martin* **1-20-2004** **813-478-8785**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #