

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001519

FILED
Jan 10, 2005
Secretary of State

Entity Name: FLORIDA FEDERATION OF AVICULTURE, INC.

Current Principal Place of Business:

1314 STATE ROAD 60 WEST
PLANT CITY, FL 33567

New Principal Place of Business:

1314 STATE ROAD 60 WEST
PLANT CITY, FL 335679282

Current Mailing Address:

FEI Number: 59-3449335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, PHYLLIS
1314 S R 60 WEST
PLANT CITY, FL 33567 US

New Mailing Address:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MEADE, JOHN
Address: 10107 CONE GROVE ROAD
City-St-Zip: RIVERVIEW, FL 33569

Title: PD () Delete
Name: PEARSON, RICHARD
Address: 520 PEARSON'S PATH
City-St-Zip: AUBURNDALE, FL 33823

Title: RASD () Delete
Name: MARTIN, PHYLLIS K
Address: 1314 S.R. 60 WEST
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: MCCORMIC, DAN
Address: P.O. BOX 1000
City-St-Zip: WILDWOOD, FL 34785

Title: VPD () Delete
Name: RICHARDSON, BILL
Address: 2856 LAWHON ROAD WEST
City-St-Zip: CALLAHAN, FL 32011

Title: SD () Delete
Name: MARTIN, PHYLLIS K
Address: 1314 STATE ROAD 60 WEST
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: MEADE, JOHN
Address: 10207 CONE GROVE ROAD
City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS K. MARTIN

SD

01/10/2005

Electronic Signature of Signing Officer or Director

Date