



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90042 046 ****61.25

DOCUMENT # N97000001519 1. Entity Name FLORIDA FEDERATION OF AVICULTURE, INC.					
Principal Place of Business 1314 STATE ROAD 60 WEST PLANT CITY, FL 33567 US			Mailing Address 1314 STATE ROAD 60 WEST PLANT CITY, FL 33567-9282 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3449335	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent MARTIN, PHYLLIS 1314 S R 60 WEST PLANT CITY, FL 33567		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEADE, JOHN 10207 CONE GROVE ROAD RIVERVIEW, FL 33569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Fred 14710 Brahma Road Polk City, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARSON, RICHARD 520 PEARSON'S PATH AUBURNDALE, FL 33823	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dachstader, Marty 3041 Keuka Loop Lakeland, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RASD MARTIN, PHYLLIS K 1314 S.R. 60 WEST PLANT CITY, FL 33567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greenberg, Beth 5320 Shadwell Ave. Dodge, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMIC, DAN P.O. BOX 1000 WILDWOOD, FL 34785	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Desborough, Laurella P.O. Box 2552 Middleburg, FL 32050-2552
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARDSON, BILL 2856 LAWHON ROAD WEST CALLAHAN, FL 32011	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pattison, Jeannie 6615 New Tampa Highway Lakeland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, PHYLLIS K 1314 STATE ROAD 60 WEST PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kliak, Sallie 14415 Dabney Court Spring Hill, FL 34610
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Phyllis K. Martin</u> <u>Phyllis K. Martin</u> <u>1-11-2007</u> <u>813-737-2504</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT - 40017879

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Item 11: Additions

D
McCreery, Carolyn
1815 Geigel Avenue
Orlando, FL 32806

D
Tuomi, Mona
17016 Bosley Drive
Spring Hill, FL 34610

ATTACHMENT - 40017879

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