## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001519

FILED Mar 09, 2008 Secretary of State

Entity Name: FLORIDA FEDERATION OF AVICULTURE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1314 STATE ROAD 60 WEST PLANT CITY, FL 33567 **Current Mailing Address: New Mailing Address:** 1314 STATE ROAD 60 WEST P. O. BOX 6202 PLANT CITY, FL 335679282 US BRANDON, FL 335086003 FEI Number: 59-3449335 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, PHYLLIS 1314 S R 60 WEST PLANT CITY, FL 33567 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MEADE, JOHN Name: Name: 10207 CONE GROVE ROAD Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: PD () Delete Title: () Change () Addition PEARSON, RICHARD Name: Name: Address: 520 PEARSON'S PATH Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: RASD () Delete Title: () Change () Addition MARTIN, PHYLLIS K Name: Name: Address: 1314 S.R. 60 WEST Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: MCCORMIC, DAN Name: Address: P.O. BOX 1000 Address: City-St-Zip: WILDWOOD, FL 34785 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change ( ) Addition RICHARDSON, BILL RICHARDSON, BILL Name: Name: 54348 LAWHON ROAD WEST 2856 LAWHON ROAD WEST Address: Address: City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: CALLAHAN, FL 32011 Title: () Delete Title: () Change () Addition SMITH FRED Name: Name: Address: 14710 BRAHAMA ROAD Address: POLK CITY, FL 33868 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 03/09/2008