## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**BOCA RATON FL 33486** 

P34449

(9)

DOCUMENT #
1. Corporation Name ASSOCIATION OF AVIAN VETERINARIANS, INC.

Principal Place	of Business	Mailing Address	,						
P.O. BOX 8117 BOCA RATON		P.O. BOX 8117 BOCA RATON							
					3. Date Incorporated or Qualified 06/24/1991		of Last Report 09/1995		
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 11-2651082	Applied For Not Applicable			
Suite, Apt. :	#, etc.	Suite, Apt. 4	#, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	City & State	9		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Z(p	30	ountry		] Yes ☐ No			
9 Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	g, Name and Address of C			81 Name					
	IAN, ADINA RAE 22ND AVENUE			82 Street A	ddress (P.O. Box Number is Not Acceptabl	e)			
210 1444	CENT ATLINGE			63					

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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and ble if accivibilities (INDIE Registerer Agent signature required when remailting) DATE Signature, typed or printed name of registered agent and ble if accivibilities (INDIE Registerer Agent signature required when remailting) DATE												
12.	OFFICEOU AND DIDLATORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  When Provident Change X Addition								
TILLE	ED	☐ DELETE	1.1 Tift.E	Vice President	Change	Addition						
NAME	FREEDMAN, ADINA RAE		1.2 NAME	Glenn Olsen	L Conto	-						
STREET ADDRESS	376 NW 22 AVE		1.3 STREET ADDRESS	Patuxent Wildlife Researc	n cente							
CHTY - ST - ZIP	BOCA RATON FL		14 CITY - ST - ZIP	U.S. Fish & Wildlife Laurel, Maryland 20708		- Addison						
TITLE	D	DELETE	2 1 TITLE	Laurel, Maryland 20700	☐ Change	☐ Add-tion						
NAME	MURRAY, MICHAEL J		2 2 NAME									
STREET ADDRESS	2 HARRIS CT STE A1		2.3 STREET ADDRESS									
CITY-ST-ZIP	MONTEREY CA		2 4 CITY - ST - ZIP			FT NAME -						
TITLE	P	<b>X</b> DELETE	3 1 TITLE		Change	Addition						
NAME	JOHNSON-DELANEY, CATHY		3 2 NAME									
STREET ADDRESS	UNIVERSITY OF WASHINGTON- 5550		3.3 STREET ADDRESS									
l <sup>-</sup>	SEATTLE WA		34 CITY-ST-ZIP									
CITY-SI-ZIP TITLE	XXX P	DELETE	4 1 TITLE	President	X Change	Addition						
NAME	ÖROSZ, SUSAN E		4 2 NAM5									
,,,,,,,	P O BOX 1071 COLLEGE VET MED	ļ	43 STREET ADDRESS									
STREET ADDRESS	KNOXVILLE TN		44 CITY - ST - ZIP									
CITY-ST-ZIP	D D	DELETE	5.1 TIJLE		Change	☐ Addition						
	LABONDE, JERRY	-	5.2 NAME									
NAME	6900 SOUTH HOLLY CIRCLE		5.3 STREET ADDRESS									
STREET ADDRESS	ENGLEWOOD CO		5 4 CITY - ST - ZIP									
CITY-ST-ZIP	D	DELETE	61 TILLE		☐ Change	Addition						
THILE	CURTIS-VELASCO, MICHELLE	_	6.2 NAME									
NAME	4711 HWY 17		6 3 STREET ADDRESS									
STREET ADORESS	OO ODANICE EL		CACGV ST 7IP									
CITY-ST-ZIP	SO ORANGE FL		ad and doce not au	alify for the exemption stated in Section 119.07(3)(k	, Florida Statu	tes. I further						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 chapter, or on an ettachment with an address.

SIGNATURE:

CR2E037 (12/95)

Zip Code

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