

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90083 019 ****61.25

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DOCUMENT # P34449

1. Corporation Name

ASSOCIATION OF AVIAN VETERINARIANS, INC.

Principal Place of Business

P.O. BOX 811720
BOCA RATON FL 33481

Mailing Address

P.O. BOX 811720
BOCA RATON FL 33481



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/24/1991

4. FEI Number

11-2651082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

FREEDMAN, ADINA RAE
376 NW 22ND AVENUE
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WELCH, PAUL**
STREET ADDRESS **6528 E 101 ST**
CITY-ST-ZIP **TULSA OK 74133**

TITLE **ED** ☐ DELETE
NAME **FREEDMAN, ADINA R**
STREET ADDRESS **376 NW 22 AVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PP** ☒ DELETE
NAME **OLSEN, GLENN**
STREET ADDRESS **PATUXENT WILDLIFE RESEARCH CENTER**
CITY-ST-ZIP **LAUREL MD**

TITLE **D** ☒ DELETE
NAME **SPEER, BRIAN L**
STREET ADDRESS **3807 MAIN ST**
CITY-ST-ZIP **OAKLEY CA**

TITLE **P** ☒ DELETE
NAME **LABONDE, JERRY**
STREET ADDRESS **6900 SOUTH HOLLY CIRCLE**
CITY-ST-ZIP **ENGLEWOOD CO**

TITLE **T** ☐ DELETE
NAME **LUNETZ, LAWRENCE**
STREET ADDRESS **595 CLARK AVE**
CITY-ST-ZIP **BRISTOL CT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **Suzanne V. Topor**
1.3 STREET ADDRESS **15104 Livingston Avenue**
1.4 CITY-ST-ZIP **Lutz, FL 33549**

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **James Harris**
2.3 STREET ADDRESS **1961 Mountain Blvd**
2.4 CITY-ST-ZIP **Oakland, CA 94611**

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **David Phalen**
3.3 STREET ADDRESS **Texas A&M University**
3.4 CITY-ST-ZIP **College Station, TX 77843**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify as indicated on this annual report or supplemental annual report is true and accurate. I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

I further certify that the information 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 file this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Adina R. Freedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99
Date

301-393-8901
Daytime Phone #

CR2E037 (1/198)