FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:03

DOCUMENT # **P93000024298 (0)**

1. Corporation Name
FLORIDA FEDERATION OF AVIAN SOCIETIES, INC.

Principal Place of Business	Mailing Address
13007 TYRONE ST. HUDSON FL 34667 US	13007 TYRONE ST. HUDSON FL 34667 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: 59-3217496 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) | Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KNOX, MORGAN
16402 LARSON LANE
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name: DWIGHT Greenberg
82 Street Address (P.O. Box Number is Not Acceptable): 5330 Shadwell Ave
83:
84 City: Cocoa, Fl FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. Change To: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCMORRIS, J. R 16402 LARSON LANE HUDSON FL Delete	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition C DWIGHT Greenberg 5330 Shadwell Ave Cocoa, Fl. 32926
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC KNOX, MORGAN 2601 ABSHER RD NARCOOSEE FL Delete	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition VC Don . Elmore 730 Bianca Dr. N.E. Palm Bay, Fl. 32905
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARTER, KATHY 765 ROBERTS BERN RD DADE CITY FL Delete	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☒ Addition S Joan Thorpe 11743 Seminole Dr New Port Richey, Fl. 34668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARTER, GEORGE 765 ROBERTS BARN RD. DADE CITY/FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☒ Addition T Sharon Wills 13007 Tyrone St. Hudson Fl. 34667
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BV GREENBERG, DWIGHT 5320 SHADWELL AVE COCOA FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THORPE, JEON 11743 SEMINOLE DR. NEW PORT RICHEY FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition REMITTED BY MAY 1

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)(i), 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon Wills, SHARON WILLS, Treasurer 4/23/95 813.863.6896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384845 CF