


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # 703810
 1. Entity Name
FLORIDA AUDUBON SOCIETY, INC.



Principal Place of Business 444 BRICKELL AVE. STE 850 MIAMI, FL 33131 US	Mailing Address 444 BRICKELL AVE. STE 850 MIAMI, FL 33131 US
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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0245495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, DAVID E
 444 BRICKELL AVE
 STE 850
 MIAMI, FL 33131**

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

**Filing Fee is \$81.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDDM ANDERSON, DAVID E 444 BRICKELL AVE #850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMBROZY, JOSEPH 24871 GOLDCREST DR BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD PITTS, DOUGLAS SR 701 BRICKELL AVE #1400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FLANIGAN, JOHN F PO BOX 3888 WEST PALM BEACH, FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, JOYCE 11645 89 WAY NORTH LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/10/07-80044-014 61.25

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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: DAVID E. ANDERSON  **1.4.07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #