2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90313 048 ****61.25

DOCUMENT # 710524

1. Entity Name

AUDUBON SOCIETY OF THE EVERGLADES, INC.

Principal Place of Business	Mailing Address
~~352 HAMMOCKS TRAIL~~ ~~WEST PALM BEACH FLA 33413~~ US	PO BOX 16914 W PALM BCH FL 33416-6914 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3634 NO FLAGLER DR.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W PALM BEACH, FL	City & State
Zip: 33407 Country: PALM BEACH	Zip / Country

4. FEI Number: 59-6019854 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WAGNER, PHILIP~~ ~~302 HAMMOCKS TRAIL~~ ~~WEST PALM BEACH, FL 33413~~ DECEASED	Name: LEAH G SCHAD Street Address (P.O. Box Number is Not Acceptable): 3634 NO FLAGLER DR. City: WEST PALM BEACH FL Zip Code: 33407

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHIELDS, CANOL 4631 WENHANT RD LAKE WORTH FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~WAGNER, PHILIP~~ ~~352 HAMMOCK TRAIL~~ ~~WEST PALM BEACH FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LEAH G. SCHAD 3634 NO FLAGLER DR WEST PALM BEACH, FL 33407 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ~~STONE, MIKE~~ ~~51 HEATHER COVE DR~~ ~~BOYNTON BCH FL 33462~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SUSAN SNYDER 1894 TUDOR RD JUNO ISLES, FL 33408 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ VICE ~~RIVENA~~, DIANA RIVIERA 3835 WOODS WALK BLVD LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICEPRESIDENT NAME + ADDRESS THE SAME ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leah G Schad (LEAH G. SCHAD) 4/29/02 561-848-9984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE RECEIVED