2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# 710524

Entity Name: AUDUBON SOCIETY OF THE EVERGLADES, INC.

Current Principal Place of Business:

3634 NO FLAGLER DR
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

311 FRANKLIN ROAD
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

PO BOX 16914
W PALM BCH, FL 334166914 US

New Mailing Address:

FEI Number: 59-6019854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAD, LEAH G
3634 NO FLAGLER DR
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

PLOCKELMAN, CYNTHIA
311 FRANKLIN ROAD
WEST PALM BEACH, FL 33405 US

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: CYNTHIA PLOCKELMAN 04/25/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: PLOCKELMAN, CYNTHIA
Address: 311 FRANKLIN RD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: T ( ) Delete
Name: SCHAD, LEAH G
Address: 3634 NO FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: SNYDER, SUSAN
Address: 1894 TUDOR RD
City-St-Zip: JUNO ISLES, FL 33408

Title: P ( ) Delete
Name: MUNSON, MARCELLA
Address: 242 SW 4TH ST
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: HUMPHRIES, LINDA
Address: 637 N E 6TH COURT #L
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MUNSON, MARCELLA
Address: 242 SW 4TH ST
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Change (X) Addition
Name: WHITE, PATON
Address: 8084 PIONEER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM S. THORSEN CPA 04/25/2008
Electronic Signature of Signing Officer or Director Date