## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2005 8:00 am Secretary of State

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DOCUMENT # 720657  1. Entity Name CITRUS COUNTY AUDUBON SOCIETY, INC.				03-28-2005 90051 047 ****70.00				.00		
Principal Place of Business P 0 B0X 2943 H0M0SASSA SPRINGS, FL 34447-2943  Mailing Address P 0 B0X 2943 H0M0SASSA SPRINGS, FL					1.	1 1924	î.			
	, , , , , , , , , , , , , , , , , , ,	I a Marria Address								
	Place of Business  OX 527	3. Mailing Address PD Box 52	37			I BAMA BIMA BIJIA	HADI TUTU BIRIK TI	<b>1</b> 13 113 114 11 114 114 114 114 114 1	III ai ibai	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03232005	hg-NP	CR2E0	37 (10/03)		
City & Stat		City & State	/		4. FEI Number 23-71607:	27		<u> </u>	plied For t Applicable	
Zip 3446	Country	34460 -	Country Citrus		5: Certificate of S	Status Desired	<b>X</b> -	-\$8.75 Add	itional	
3770	6. Name and Address of Current			L	7. Name and Ad	dress of New	Registered	•		
BIERLY, J.	AMES		Name	Name Moseley, Robert						
15 DRYPE	ETES CT. WEST SSA, FL 34446		Street A	ddress (P	.0. Box Number is	Not Accepta	ble) c/e			
7701110071										
			City B	ever	ly Hills		FL	Zip Cod	<u>.</u> 5	
	named entity submits this statement fo	r the purpose of changing its re	gistered office o	r registere	d agent, or both, in	the State of	Florida. I am	familiar with,	and accept	
SIGNATURE	Robert Mosely Ros Signature, typed or printed name of registered agent	bert Moseley and title if applicable. (NOTE: R	egistered Agent signal	ture required v	when reinstating)	3	7-24-2 DATE	2005		
40.	1.36	9. Election Camp.	aign Financing		¢E 00	* 1820	Make cher	k payable i		
	Filing Fee is \$61.25 Due by May 1, 2005	Trust Fund Cor	ntribution,		\$5.00 May Be Added to Fees	, and fi	orida Depa	rtment of S	ale .	
10.	OFFICERS AND DIF		11.	1	DDITIONS/CHAN	GES TO OFFI	CERS AND D			
NAME STREET ADDRESS CITY-ST-ZIP	PD CASSELBERRY, JACK 2890 N COMMANCHE PT CRYSTAL RIVER, FL 34429	<b>∫⊠</b> Delete	NAME STREET ADDRESS CITY-ST-ZIP	PID CHIP 21 W	PURN , ELI MALFI ( ERLY HILL)	AINE EF, 3	14465	☐ Change	Addition	
TITLE	D	☐ Delete	TITLE	UL.	ensy unaj		7.00	Change	Addition	
NAME STREET ADDRESS	NORTH, KENNETH 721 INVERIE DR		NAME STREET ADDRESS							
CITY-ST-ZIP	INVERNESS, FL		CITY-ST-ZIP							
TITLE NAME	VPD CASSELBERRY, PAT	Delete	TITLE NAME	V/D	AT, MARGAI	0 F T		Change	Addition	
STREET ADDRESS	2890 N COMMANCHE PT		STREET ADDRESS							
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	HER	W DOERK NANDO, F	=1 34	442		T a t Par	
TITLE NAME	D WILSON, MARION	☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2961 W PLANTATION PINES LECANTO, FL 34461		STREET ADDRESS CITY-ST-ZIP							
TITLE	TD	☐ Delete	TITLE	Þ	,			Change	☐ Addition	
NAME	BIERLY, JAMES		NAME		+ +					
STREET ADDRESS CITY-ST-ZIP	15 DRYPETES CT WEST HOMOSASSA, FL 34446		STREET ADDRESS CITY-ST-ZIP				tes La companya di san	* * * *		
TITLE	D	Delete ,	TITLE		4 -50			☐ Change	☐ Addition	
NAME" STREET ADDRESS	MILLER, RONALD 4114 S WASHINGTON PT	- ·· · · · · · · · · · · · · · · · · ·	NAME STREET ADDRESS			• , .				
				i .						

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: Robert Moseley Treasurer 3-24-2005 352 746 053.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date.

## **ATTACHMENT**

## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Page 2 052

ANNUAL REPORT										
1. Entry Nan	MENT # 720657	TY, INC.				ſ				
Principal Place of Business P 0 B0X 2943 HOMOSASSA SPRINGS, FL 34447 2943 HOMOSASSA SPRINGS, FL 34447-2943					40040004					
2. Principal F	Place of Business				- T					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (10/0	)3)			
City & Star	te	City & State		4. FEI Number 23-71607	27		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of S	Status Desire	□ -\$8.75 Fee Rec	*Additional ~ ` ` quired			
	6. Name and Address of Current R	egistered Agent	7. Name and Aldress of New Registered Agent							
BHERLY	AMES	/	Name		<u> </u>					
	ETES CT. WEST		Street Add	ress (P.O. Box Number is	Not Accepta	ble)				
HUNUSA	SSA, FL 34446					$\overline{}$				
		City	City FL Zip Code							
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										
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp. Trust Fund Cor	ntribution.			Make check payab lorida Department (	ojsiae 🥀			
10.	OFFICERS AND DIRE		11.			CERS AND DIRECTOR				
TITLE NAME	CASSELBERRY, JACK	☐ Delete	TITLE NAME	THOSELEY, Rob	ect	☐ Cha	nge 🔀 Addition			
STREET ADDRESS	2890 N COMMANCHE PT		STREET ADDRESS 5	222 N MALLO	ws cir	de				
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP	322 N MALLO, Bererly Hills,	F1 34	1465				
TITLE NAME	D NORTH KENNETH	☐ Delete	TITLE NAME	, .		Cha	nge 🗌 Addition			
STREET ADDRESS	721 INVERUE DR		STREET ADDRESS							
CITY-ST-ZIP	INVERNESS FL	/	CITY-ST-ZIP							
TITLE	CASSELBERRY, RAT	Delete	NAME	and and and and an and an and an and an and an an and an		Chai	nge - Addition			
STREET ADDRESS	2890 N COMMANCNE PT		STREET ADDRESS							
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP							
TITLE	D X	☐ Delete	TITLE			☐ Chai	nge 🗌 Addition			
NAME Street adoress	WILSON, MARION 2961 W PLANTATION PINES		NAME Street address							
CITY-ST-ZIP	LECANTO, FL 3446		CITY-ST-ZIP							
TITLE	TD /	☐ Delete	TITLE			☐ Cha	nge 🗌 Addition			
NAME Street Address	BIERLY, JAMES  15 DRYPETES CT WEST		name Street adoress							
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP							
TITLE	D /	☐ Delete	TITLE			☐ Chai	nge 🗌 Addition			
NAME CTREET ADDRESS	MILLER RONALD	\	NAME CENTER ADDRESS							
STREET ADDRESS CITY-ST-ZIP	HOMOSASSA, FL 34448	`	STREET ADDRESS CITY-ST-ZIP							
12. I hereby	certify that the information supplied with t	his filing does not qualify for th	e exemption stated	in Section 119.07(3)(i), F	lorida Statute	s. I further certify that f	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.										