



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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


03-28-2005 90051 047 ****70.00

DOCUMENT # 720657 1. Entity Name CITRUS COUNTY AUDUBON SOCIETY, INC.					
Principal Place of Business P O BOX 2943 HOMOSASSA SPRINGS, FL 34447-2943			Mailing Address P O BOX 2943 HOMOSASSA SPRINGS, FL 34447-2943		
2. Principal Place of Business PO Box 527 Suite, Apt. #, etc.		3. Mailing Address PO Box 527 Suite, Apt. #, etc.			
City & State Lecanto, FL 34460		City & State Lecanto, FL		4. FEI Number 23-7160727	
Zip 34460		Country Citrus		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIERLY, JAMES 15 DRYPETES CT. WEST HOMOSASSA, FL 34446			7. Name and Address of New Registered Agent Name Moseley, Robert Street Address (P.O. Box Number is Not Acceptable) 5222 N Mallows Circle City Beverly Hills, FL Zip Code 34465		
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 Robert Moseley Robert Moseley DATE 3-24-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSELBERRY, JACK 2890 N COMMANCHE PT CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CHIPURN, ELAINE 21 W AMALFI CT BEVERLY HILLS, FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, KENNETH 721 INVERIE DR INVERNESS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASSELBERRY, PAT 2890 N COMMANCHE PT CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D PRIVAT, MARGARET 447 W DOERR PATH HERNANDO, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MARION 2961 W PLANTATION PINES LECANTO, FL 34461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIERLY, JAMES 15 DRYPETES CT WEST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RONALD 4114 S WASHINGTON PT HOMOSASSA, FL 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Robert Moseley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Treasurer		3-24-2005 352 746 0532 <small>Date Daytime Phone #</small>

ATTACHMENT

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City & State		City & State	
Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, KENNETH 721 INVERIE DR INVERNESS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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SIGNATURE: <u>Robert Moseley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-29-2005 352 746 0532 <small>Date Daytime Phone #</small>	