2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State
03-15-2006 90087 017 ****70.00

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01092006 Chg-NP CR2E037 (11/05)

DOCUMENT # 720657

1. Entity Name
CITRUS COUNTY AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5207 LECANTO, FL 34460	P.O. BOX 5207 LECANTO, FL 34460

2. Principal Place of Business	3. Mailing Address
PO. Box 527	PO Box 527
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lecanto, Fl	City & State: Lecanto, Fl
Zip: 34460-0527 Country: Citrus	Zip: 34460-0527 Country: Citrus

4. FEI Number 23-7160727 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSELEY, ROBERT 5222 N MALLOWS CIRCLE BEVERLY HILLS, FL 34465	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. [ ] **$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: PD NAME: CHIPURN, ELAINE STREET ADDRESS: 21 W AMALFI CT CITY-ST-ZIP: BEVERLY HILLS, FL 34465	[X] Delete	TITLE: T/D NAME: Moseley, Robert STREET ADDRESS: 5222 n Mallows Circle CITY-ST-ZIP: Beverly Hills, Fl 34465-4500	[ ] Change [X] Addition
TITLE: D NAME: NORTH, KENNETH STREET ADDRESS: 721 INVERIE DR CITY-ST-ZIP: INVERNESS, FL	[X] Delete	TITLE: S/D NAME: Frank, Betsy STREET ADDRESS: [redacted] 4583 Sawgrass Circle CITY-ST-ZIP: Homosassa, Fl 34448	[ ] Change [X] Addition
TITLE: VD NAME: PRIVAT, MARGARET STREET ADDRESS: 447 W DEORRPATH CITY-ST-ZIP: HERNANDO, FL 34442	[ ] Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TITLE: D NAME: WILSON, MARION STREET ADDRESS: 2961 W PLANTATION PINES CITY-ST-ZIP: LECANTO, FL 34461	[ ] Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TITLE: D NAME: BIERLY, JAMES STREET ADDRESS: 15 DRYPETES CT WEST CITY-ST-ZIP: HOMOSASSA, FL 34446	[ ] Delete	TITLE: P/D NAME: STREET ADDRESS: CITY-ST-ZIP:	[X] Change [ ] Addition
TITLE: D NAME: MILLER, RONALD STREET ADDRESS: 4114 S WASHINGTON PT CITY-ST-ZIP: HOMOSASSA, FL 34448	[ ] Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition

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: Robert Moseley Robert Moseley 3/14/2006 352-746-0532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #