

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24625

FILED
Feb 20, 2008
Secretary of State

Entity Name: FLAGLER AUDUBON SOCIETY, INC.

Current Principal Place of Business:

9 CROSSBOW CT.
PALM COAST, FL 321378909 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350695
PALM COAST, FL 321350695

New Mailing Address:

FEI Number: 59-2938146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULL, JEROME K
9 CROSSBOW CT.
PALM COAST, FL 321378909 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MERENDA, VERONICA J
Address: 13 PIER LANE
City-St-Zip: PALM COAST, FL 321644839

Title: VP () Delete
Name: DAVIES, NEIL
Address: 21 PELICAN CT.
City-St-Zip: PALM COAST, FL 321371407

Title: VP () Delete
Name: WHITE, DONALD J JR.
Address: 13 WILDERNESS RUN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T () Delete
Name: WHITE, LINDA M
Address: 13 WILDERNESS RUN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: MAHLER, WALTER
Address: P.O. BOX 1446
City-St-Zip: FLAGLER BEACH, FL 321361446

Title: D () Delete
Name: MAHLER, ANGELA
Address: P.O. BOX 1446
City-St-Zip: FLAGLER BEACH, FL 321361446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: MAHLER, WALTER
Address: 16 EAGLE VIEW DR
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Change () Addition
Name: MAHLER, ANGELA
Address: 16 EAGLE VIEW DR
City-St-Zip: PALM COAST, FL 32137

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: DONALD J. WHITE, JR.

VP

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date