


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90140 017 ****61.25

DOCUMENT # N29942					
1. Entity Name HIGHLANDS COUNTY AUDUBON SOCIETY, INC.					
Principal Place of Business P.O. BOX 814 LAKE PLACID, FL 33852			Mailing Address P.O. BOX 814 LAKE PLACID, FL 33862 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2807100	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		04252004 Chg-NP CR2E037 (10/03)			
Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RASMUSSEN, ALICE 347 ADAMS AVE LAKE PLACID, FL 33852			Name <i>Bernice G. Snoll</i> Street Address (P.O. Box Number is Not Acceptable) <i>3455 Northern Blvd.</i> City <i>Lake Placid</i> FL Zip Code <i>33852</i>		
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 <i>Bernice G. Snoll, Treasurer</i>			DATE <i>4-26-04</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OBENCHAIN, HELEN		NAME		
STREET ADDRESS	1504 BALSAM ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD (Co-P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEYRUP, M		NAME	<i>DeYrup, Mand N.</i>	
STREET ADDRESS	207 ADAMS NE		STREET ADDRESS	<i>207 Adams NE</i>	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	<i>Lake Placid, FL 33852</i>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, A		NAME		
STREET ADDRESS	207 NE LAKEVIEW DR APT 410		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 338703151		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, ALICE		NAME	<i>Snoll, Bernice G.</i>	
STREET ADDRESS	347 ADAMS AVE		STREET ADDRESS	<i>3455 Northern Blvd.</i>	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	<i>Lake Placid, FL 33852</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWALSKI, HENRY, A		NAME	<i>Doris Carmichael</i>	
STREET ADDRESS	242 SERENADE DR		STREET ADDRESS	<i>2741 Queenswood Dr.</i>	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	<i>Sebring, FL 33872</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITESIDES, VAUGHAN		NAME		
STREET ADDRESS	514 COTTONWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 338726218		CITY-ST-ZIP		
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: <i>Bernice G. Snoll</i>			DATE: <i>4-26-04</i> DAYTIME PHONE #: <i>863-465-0746</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

Attachment

14021334

HIGHLANDS COUNTY AUDUBON SOCIETY, INC.
FEI #59-2807100, Document #N29942

ADDITIONAL DIRECTORS:

Dale Gillis
2125 SE Lakeview Drive, Apt. 8
Sebring, FL 33870

Bernie Wolkove
10234 Orange Blossom Blvd. So.
Sebring, FL 33876

Bob Beckelman
3 Pinewood Ct.
Lake Placid, FL 33852

Caryl Beckelman
3 Pinewood Ct.
Lake Placid, FL 33852

Janene Smith
1568 Second Street
Lake Placid, FL 33852

Margaret Gleave
P. O. Box 3259
Lake Placid, FL 33862

Fran Rolston
12 Horseshoe Lane
Lake Placid, FL 33852