

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90644 011 \*\*\*\*61.25

**DOCUMENT # 710524**

1. Entity Name

AUDUBON SOCIETY OF THE EVERGLADES, INC.



Principal Place of Business

3634 NO FLAGLER DR  
WEST PALM BEACH FL 33407  
US

Mailing Address

PO BOX 16914  
W PALM BCH FL 33416-6914  
US

14004130



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6019854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAD, LEAH G  
3634 NO FLAGLER DR  
WEST PALM BEACH FL 33407

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 SHIELDS, CANOL ☐ Delete  
STREET ADDRESS 4631 WENHANT RD  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE VP ☒ Change ☐ Addition  
NAME SHIELDS, CANOL  
STREET ADDRESS 4631 WENHANT RD  
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE T  
NAME SCHAD, LEAH G ☐ Delete  
STREET ADDRESS 3634 NO FLAGLER DR  
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE T ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME SNYDER, SUSAN ☐ Delete  
STREET ADDRESS 1894 TUDOR RD  
CITY-ST-ZIP JUNO ISLES FL 33408

TITLE D ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME RIVENA, DIANA  
STREET ADDRESS 3835 WOODS WALK BLVD  
CITY-ST-ZIP LAKE WORTH FL

TITLE VP ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PRESIDENT  
NAME LABBS, CLAUDINE ☐ Change ☒ Addition  
STREET ADDRESS P.O. BOX 2022  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 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:

*Leah G Schad, Treasurer*

4/7/04

561-848-9984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #