

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703810

**Entity Name:** FLORIDA AUDUBON SOCIETY, INC.

**Current Principal Place of Business:**

4500 BISCAYNE BLVD,  
SUITE 350  
MIAMI, FL 33137

**Current Mailing Address:**

4500 BISCAYNE BLVD,  
SUITE 350  
MIAMI, FL 33137 US

**FEI Number:** 59-0245495

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WRAITHMELL, JULIE  
4500 BISCAYNE BOULEVARD  
SUITE 350  
MIAMI, FL 33137 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name LAIRD, JUD  
Address 4500 BISCAYNE BLVD,  
SUITE 350  
City-State-Zip: MIAMI FL 33137

Title TREASURER  
Name MARGIOTTA, CHARLIE  
Address 4500 BISCAYNE BLVD,  
SUITE 350  
City-State-Zip: MIAMI FL 33137

Title VC  
Name MCCREE, HEIDI  
Address 4500 BISCAYNE BLVD,  
SUITE 350  
City-State-Zip: MIAMI FL 33137

Title D  
Name WRAITHMELL, JULIE  
Address 4500 BISCAYNE BLVD. #350  
City-State-Zip: MIAMI FL 33137

*I hereby 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 all other like empowered.*

**SIGNATURE:** JULIE WRAITHMELL

**PRESIDENT**

**01/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date