Entity Name: CITRUS COUNTY AUDUBON SOCIETY, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

19065 SW 92ND LOOP C/O FRED HILEMAN DUNNELLON, FL 34431

DOCUMENT# 720657

Current Mailing Address:

P.O. BOX 527 LECANTO, FL 34460-0527 US

FEI Number: 23-7160727

Name and Address of Current Registered Agent:

HILEMAN, FRED 19065 SW 92ND LOOP DUNNELLON, FL 34431 US Certificate of Status Desired: No

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: FRED HILEMAN | | | | | | |
|---------------------------|------------------------------------------|-----------------|-------------------------|------|--|--|
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Director Detail : | | | | | | |
| Title | Р | Title | Т | | | |
| Name | HILEMAN, FRED | Name | ALBERTSON, SUSAN | | | |
| Address | 19065 SW 92ND LOOP | Address | 1633 N. SHADOWVIEW PATH | | | |
| City-State-Zip: | DUNNELLON FL 34431 | City-State-Zip: | HERNANDO FL 34442 | | | |
| Title | S | Title | VP | | | |
| Name | FREIDNER, JEAN | Name | RICCIO, EILEEN | | | |
| Address | 3726 E COVE PARK TRL | Address | 1304 CYPRESS COVE CT | | | |
| City-State-Zip: | HERNANDO FL 34442 | City-State-Zip: | INVERNESS FL 34450 | | | |
| Title | DIRECTOR | Title | DIRECTOR | | | |
| Name | BRABBLE, KEVIN | Name | FASSETT, REESA | | | |
| Address | 5326 W STATE ST | Address | 1461 SW 161ST STREET | | | |
| City-State-Zip: | HOMOSASSA FL 34446 | City-State-Zip: | OCALA FL 34473 | | | |
| Title | DIRECTOR | Title | DIRECTOR | | | |
| Name | MESSERSMITH, BOB | Name | GULLEY, THOMAS W | | | |
| Address | 2909 S EAGLE TERRACE | Address | 19065 SW 92ND LOOP | | | |
| City-State-Zip: | INVERNESS FL 34450 | City-State-Zip: | DUNNELLON FL 34432 | | | |
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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: SUSAN ALBERTSON

TREASURER

04/14/2016 Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 14, 2016 Secretary of State CC1847070809

Officer/Director Detail Continued :

| Title | DIRECTOR | Title | DIRECTOR |
|-----------------|------------------------|-----------------|--------------------------|
| Name | HALL, VIRGINIA | Name | HORNE, DEBBY |
| Address | 2998 N STIRRUP DR | Address | 4364 N ARBOR SHORE TRAIL |
| City-State-Zip: | BEVERLY HILLS FL 34465 | City-State-Zip: | HERNANDO FL 34442 |