

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720657

FILED
Mar 07, 2017
Secretary of State
CC2674651160

Entity Name: CITRUS COUNTY AUDUBON SOCIETY, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 23-7160727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILEMAN, FRED
19065 SW 92ND LOOP
DUNNELLON, FL 34431 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: FRED HILEMAN

03/07/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name HILEMAN, FRED
Address 19065 SW 92ND LOOP
City-State-Zip: DUNNELLON FL 34431

Title T
Name ALBERTSON, SUSAN
Address 1633 N. SHADOWVIEW PATH
City-State-Zip: HERNANDO FL 34442

Title S
Name FREIDNER, JEAN
Address 3726 E COVE PARK TRL
City-State-Zip: HERNANDO FL 34442

Title VP
Name RICCIO, EILEEN
Address 1304 CYPRESS COVE CT
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR
Name BRABBLE, KEVIN
Address 5326 W STATE ST
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name FASSETT, REESA
Address 1461 SW 161ST STREET
City-State-Zip: OCALA FL 34473

Title DIRECTOR
Name MESSERSMITH, BOB
Address 2909 S EAGLE TERRACE
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR
Name HALL, VIRGINIA
Address 2998 N STIRRUP DR
City-State-Zip: BEVERLY HILLS FL 34465

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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

03/07/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HORNE, DEBBY
Address 4364 N ARBOR SHORE TRAIL
City-State-Zip: HERNANDO FL 34442