

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002335

**Entity Name:** CEDAR KEYS AUDUBON INC**Current Principal Place of Business:**11 OLD MILL DR.  
CEDAR KEY, FL 32625**Current Mailing Address:**P. O. BOX 96  
CEDAR KEY, FL 32625**FEI Number:** 81-1780605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VELTKAMP, JANIE  
11 OLD MILL DR.  
CEDAR KEY, FL 32625 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:** JANIE VELTKAMP

03/14/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TRES	Title	EDUCATION CHAIRPERSON
Name	KIMBALL, LINDA	Name	MAGEE, MAUREEN
Address	12190 SW 166TH CT	Address	857 FOURTH STREET
City-State-Zip:	CEDAR KEY FL 32625	City-State-Zip:	CEDAR KEY FL 32625
Title	PROGRAM CHAIR	Title	DIRECTOR
Name	KIMBALL, BOYD	Name	WRIGHT, SCOTT
Address	12190 SW 166 COURT	Address	16448 HODGES AVENUE
City-State-Zip:	CEDAR KEY FL 32625	City-State-Zip:	CEDAR KEY FL 32625
Title	DIRECTOR	Title	PRESIDENT
Name	WHITE, THOMAS	Name	VELTKAMP, JANIE
Address	16660 HODGES AVENUE	Address	11 OLD MILL DR.
City-State-Zip:	CEDAR KEY FL 32625	City-State-Zip:	CEDAR KEY FL 32625
Title	SECRETARY	Title	VP
Name	THALACKER, DONNA	Name	RUCKER, BILL
Address	PO BOX 54	Address	PO BOX 645
City-State-Zip:	CEDAR KEY FL 32625	City-State-Zip:	CEDAR KEY FL 32625

**Continues on page 2**

*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:** JANIE VELTKAMP**PRESIDENT**

03/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           BOARD MEMBER  
Name           HAMILTON, MIKE  
Address        1009 7TH ST.  
City-State-Zip: CEDAR KEY FL 32625

Title           DIRECTOR  
Name           WILCOX, CAROL  
Address        1266 HAWTHORNE AVENUE  
City-State-Zip: CEDAR KEY FL 32625

Title           BOARD MEMBER  
Name           BUSHNELL, JAY  
Address        PO BOX 949  
City-State-Zip: CEDAR KEY FL 32625