

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703526

FILED
Mar 16, 2007
Secretary of State

Entity Name: THE LAKE REGION AUDUBON SOCIETY, INC.

Current Principal Place of Business:

115 LAMERAUX ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

1439 GRAND CAYMAN CIR
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 59-2395150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARNOFSKY, WILLIAM M
1439 GRAND CAYMAN CIR.
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, PAUL
Address: 907 KRISTINA CT
City-St-Zip: AUBURNDALE, FL 33823

Title: VD () Delete
Name: CHUCK, GEANANGE
Address: 92 LAKE OTIS RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: PURNELL, LIZ
Address: 1046 MEDINA DR SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: LOFTUS, MARVEL
Address: 9705 LAKE BESS RD #473
City-St-Zip: WINTER HAVEN, FL 33884 32

Title: D () Delete
Name: FELLERS, PAUL J
Address: 1010 AVE X, NW
City-St-Zip: WINTER HAVEN, FL

Title: T () Delete
Name: KARNOFSKY, WILLIAM M
Address: 1439 GRAND CAYMAN CIRCLE
City-St-Zip: WINTER HAVEN, FL 338842446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CHUCK, GEANANGEL
Address: 92 LAKE OTIS RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: S (X) Change () Addition
Name: RAFATS, MALI
Address: LAKE HOLLINGSWORTH DR #1504
City-St-Zip: LAKELAND, FL 33801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M KARNOFSKY

T

03/16/2007

Electronic Signature of Signing Officer or Director

Date