2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703526

FILED Mar 19, 2008 Secretary of State

Entity Name: THE LAKE REGION AUDUBON SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 115 LAMERAUX ROAD WINTER HAVEN, FL 33884 **Current Mailing Address: New Mailing Address:** 1439 GRAND CAYMAN CIR WINTER HAVEN, FL 33884 FEI Number: 59-2395150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KARNOFSKY, WILLIAM M 1439 GRAND CAYMAN CIR. US WINTER HAVEN, FL 33884 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ANDERSON, PAUL Name: Name: 907 KRISTINA CT Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: CHUCK, GEANANGEL Name: Address: 92 LAKE OTIS RD Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: () Delete Title: (X) Change () Addition RAFATS, MALI Name: RAFATS, MALI Name: LAKE HOLLINGSWORTH DR #1504 LAKE HOLLINGSWORTH DR #1504 Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33801 Title: () Delete Title: () Change () Addition Name: LOFTUS, MARVEL Name: 9705 LAKE BESS RD #473 Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 32 City-St-Zip: Title: () Delete Title: () Change () Addition FELLERS, PAUL J Name: Name: 1010 AVE X, NW Address: Address: City-St-Zip: WINTER HAVEN, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition KARNOFSKY, WILLIAM M KARNOFSKY, WILLIAM M Name: Name: Address: 1439 GRAND CAYMAN CIRCLE Address: 1439 GRAND CAYMAN CIRCLE WINTER HAVEN, FL 338842446 WINTER HAVEN, FL 338842446 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 03/19/2008