2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# 703526

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, GEANANGEL	
Address:	92 LAKE OTIS RD	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	SD	( ) Delete
Name:	RAFATS, MALI	
Address:	LAKE HOLLINGSWORTH DR #1504	
City-St-Zip:	LAKELAND, FL 33801	
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:	TD	( ) 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 TD 03/01/2009
Electronic Signature of Signing Officer or Director — Date