

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709044

FILED
Mar 21, 2009
Secretary of State

Entity Name: BROWARD COUNTY AUDUBON SOCIETY, INC.

Current Principal Place of Business:

10871 W. CLAIMONT CIRCLE
TAMARAC, FL 333215806

New Principal Place of Business:

Current Mailing Address:

P O BOX 9644
FT LAUDERDALE, FL 333109644

New Mailing Address:

FEI Number: 59-6196137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNG, DOUGLAS D
10871 W. CLAIMONT CIRCLE
TAMARAC, FL 333215806 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: DS () Delete
Name: SHUCHMAN, HEDVAH
Address: 1209 N. NORTHLAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: CAMPBELL, GRANT
Address: 2321 SW 44TH STREET
City-St-Zip: DANIA BEACH, FL 33312

Title: DVP () Delete
Name: AVERY, DEVIN
Address: PO BOX 14361
City-St-Zip: FORT LAUDERDALE, FL 33302

Title: D () Delete
Name: FREEDMAN, JUSTIN
Address: 1510 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: DP () Delete
Name: DOUG, YOUNG
Address: 10871 W. CLAIMONT CIRCLE
City-St-Zip: TAMARAC, FL 333215806

Title: D () Delete
Name: BAUMBACH-REARDON, LISA
Address: 5721 SW 16TH ST
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: WALKER, BARBARA
Address: 401 RIVIERA ISLE DRIVE - #601
City-St-Zip: FORT LAUDERDALE, FL 33301

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

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

Title: DT (X) Change () Addition
Name: FREEDMAN, JUSTIN
Address: 1510 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: DOUG YOUNG

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date