2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709421

FILED Jan 10, 2007 Secretary of State

Entity Name: RIDGE AUDUBON SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 200 N. CROOKED LAKE DRIVE 200 N. CROOKED LAKE DRIVE P.O. BOX 148 BABSON PARK, FL 33827 BABSON PARK, FL 33827 **New Mailing Address: Current Mailing Address: POB 148** BABSON PARK, FL 33827 FEI Number: 59-6173962 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: MORRISON, KENNETH D 1351 HOLLISTER RD BABSON PARK, FL 33827 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HAGEN, PHILLIP Name: Name: 224 RIDGE MANOR DR Address: Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: VDT Title: VDT (X) Change () Addition () Delete BERNARD, MARTIN Name: MARTIN, BERNARD Name: Address: 9 E ST Address: 9 E ASY ST City-St-Zip: LAKE WALES, FL 35898 City-St-Zip: LAKE WALES, FL 35898 Title: () Delete Title: () Change () Addition WHEATON, HARRIETT Name: Name: 230 LAKE VILLA WY Address: Address: City-St-Zip: HAINES CITY, FL 33844 City-St-Zip: () Delete Title: Title: () Change () Addition Name: FRENCH, GAIL Name: Address: 50 BRITTON ST Address: City-St-Zip: BABSON PARK, FL 33827 City-St-Zip: Title: () Delete Title: (X) Change () Addition SURCH-NEUMON, KATHRYN BURCH-NEUMON, KATHRYN Name: Name: 2248 LISA ST 2248 LISA ST Address: Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: LAKE WALES, FL 33898 Title: () Delete Title: () Change () Addition VIGNE AL Name: Name: Address: 305 THORNBURG RD Address: BABSON PARK, FL 33827 City-St-Zip: 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: BERNARD R. MARTIN VDT 01/10/2007