

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709421

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: RIDGE AUDUBON SOCIETY, INC.

## Current Principal Place of Business:

200 N. CROOKED LAKE DRIVE  
BABSON PARK, FL 33827 US

## New Principal Place of Business:

## Current Mailing Address:

POB 148  
BABSON PARK, FL 33827

## New Mailing Address:

FEI Number: 59-6173962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRISON, KENNETH D  
1351 HOLLISTER RD  
BABSON PARK, FL 33827 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: MARTIN, BERNARD R PRES.  
Address: 9 EASY STREET  
City-St-Zip: LAKE WALES, FL 33898 US

Title: VP1D ( ) Delete  
Name: WHEATON, HARRIETT 1ST VP  
Address: 230 LAKE VILLA WAY  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP2D ( ) Delete  
Name: FRENCH, GAIL 2ND VP  
Address: 50 BRITTON STREET  
City-St-Zip: BABSON PARK, FL 33827 US

Title: T ( ) Delete  
Name: HOFFMAN, ROBERT A TREAS  
Address: 4251 ASHTON CLUB DRIVE  
City-St-Zip: LAKE WALES, FL 33859 US

Title: D ( ) Delete  
Name: VAN DEMAN, LINDA L  
Address: 37 SARGENT STREET  
City-St-Zip: HAINES CITY, FL 33844 US

Title: D ( ) Delete  
Name: FALCONER, ART  
Address: 402 CANAL DRIVE  
City-St-Zip: LAKE WALES, FL 33859 US

## 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: D (X) Change ( ) Addition  
Name: MC KEEMAN, PATRICIA DIR  
Address: 211 CATHERINE AVENUE  
City-St-Zip: BABSON PARK, FL 33827 US

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: BERNARD R. MARTIN

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date