

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710524

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** AUDUBON SOCIETY OF THE EVERGLADES, INC.

**Current Principal Place of Business:**

311 FRANKLIN ROAD  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16914  
W PALM BCH, FL 334166914 US

**New Mailing Address:**

**FEI Number:** 59-6019854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLOCKELMAN, CYNTHIA  
311 FRANKLIN ROAD  
WEST PALM BEACH, FL 33405 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: VP ( ) Delete  
Name: PLOCKELMAN, CYNTHIA  
Address: 311 FRANKLIN RD  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: P ( ) Delete  
Name: HUMPHRIES, LINDA  
Address: 637 N E 6TH COURT #L  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete  
Name: SNYDER, SUSAN  
Address: 1894 TUDOR RD  
City-St-Zip: JUNO ISLES, FL 33408

Title: S ( ) Delete  
Name: MUNSON, MARCELLA  
Address: 242 SW 4TH ST  
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Delete  
Name: WHITE, PATON  
Address: 8084 PIONEER ROAD  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: T ( ) Change (X) Addition  
Name: SCHREIBER, JANET  
Address: 2020 NORMANDY CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

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: TOM S. THORSEN

CPA

01/23/2009

Electronic Signature of Signing Officer or Director

Date