

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90092 013 ****61.25



DOCUMENT # 710976

1. Entity Name

THE PELICAN ISLAND AUDUBON SOCIETY INCORPORATED

Principal Place of Business

1931 14TH AVE
 P.O. BOX 1833
 VERO BEACH FL 32961

Mailing Address

1931 14TH AVE
 P.O. BOX 1833
 VERO BEACH FL 32961



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-6197617

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD BAKER, RICHARD H
522 N. BLUE ISLAND LANE
SEBASTIAN FL 32958

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard H Baker

2-15-06

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TRIPSON, JENS	
STREET ADDRESS	2525 14TH ST	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, DAVID	
STREET ADDRESS	9495 PERIWINKLE DR.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, RICHARD	
STREET ADDRESS	522 N BLUE ISLAND LA	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VB	<input checked="" type="checkbox"/> Delete
NAME	SAWYER, PAT	
STREET ADDRESS	295 COCONUT PALM ROAD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROBERT L	
STREET ADDRESS	295 COCONUT PALM RD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOTY, KEVIN	
STREET ADDRESS	411 HOLLY RD	
CITY-ST-ZIP	VERO BEACH FL 32963	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW H. BARR	
STREET ADDRESS	200 OAK HAMMOCK CIR SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNNE LARKIN	
STREET ADDRESS	4017 SILVER PALM DR	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT ADAIR	
STREET ADDRESS	7055 33RD ST.	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew H Barr

ANDREW H BARR, TREAS 2/15/06 772-567-3520