

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715513

FILED
Mar 08, 2009
Secretary of State

Entity Name: THE SARASOTA AUDUBON SOCIETY, INC.

Current Principal Place of Business:

4725 SWEETMEADOW CIRCLE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15423
SARASOTA, FL 342778423

New Mailing Address:

FEI Number: 23-7382804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIST, PENNEY A MRS.
4725 SWEETMEADOW CIRCLE
SARASOTA, FL 34238 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: SEC. () Delete
Name: PRIMUS, CAROLYN
Address: 7046 OWL'S NEST TERRACE
City-St-Zip: BRADENTON, FL 34203

Title: TREA () Delete
Name: RIST, PENNEY
Address: 4725 SWEETMEADOW CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: V.P. () Delete
Name: GREENSPUN, RICK
Address: 5053 OCEAN BLVD
City-St-Zip: SARASOTA, FL 34242

Title: PRES () Delete
Name: DUBI, JEANNE
Address: 3374 YONGE AVE
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: BYRNE, JULIE
Address: 5060 MARSH FIELD RD
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: HILLS, STUART
Address: 5275 WELLFLEET DR W
City-St-Zip: SARASOTA, FL 34241

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:

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City-St-Zip:

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: PENNEY RIST

TREA

03/08/2009

Electronic Signature of Signing Officer or Director

_____ Date