

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90018 015 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                     |                                                                |                                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 720595</b><br>1. Entity Name<br><b>FLORIDA KEYS AUDUBON SOCIETY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                     |                                                                |                                                                     |  |
| Principal Place of Business<br><b>1735 BAHAMA DRIVE<br/>KEY WEST, FL 33040</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                     | Mailing Address<br><b>P.O. BOX 1573<br/>KEY WEST, FL 33041</b> |                                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                      |                                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                     | City & State                                                   |                                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | Country                                                                             |                                                                | Zip                                                                                                                                                  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | Country                                                                             |                                                                | 4. FEI Number<br><b>23-7207666</b>                                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                     |                                                                | Applied For<br>Not Applicable                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><b>HERRICK, HOMER B<br/>1401 REYNOLDS STREET<br/>UP<br/>KEY WEST, FL 33040-4710</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                                     |                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                    |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                     |                                                                | \$8.75 Additional Fee Required                                                                                                                       |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                     |                                                                |                                                                                                                                                      |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                               |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                     |                                                                |                                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10          |                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br><b>WHITESIDE, MARK<br/>1735 BAHAMA DRIVE<br/>KEY WEST, FL 33040</b>      | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br><b>HERRICK, HOMER<br/>1401 REYNOLDS STREET<br/>KEY WEST, FL 33040</b>    | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br><b>ADCOCK, JANE<br/>408 WILLIAMS ST<br/>KEY WEST, FL 33040</b>           | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | Newhagen, Jane<br>228 Truman Avenue<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><small>name + address</small> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br><b>DRINKWATER, JANICE<br/>95 BAY DRIVE<br/>KEY WEST, FL 33040</b>        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | Westbrook, Ellen<br>2924 Fogarty Avenue<br>Key West, FL 33040<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>OSMABEN, GINNY<br/>27 TRANSYLVANIA AVE<br/>KEY LARGO, FL 33037</b>    | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>WILMERS, ELAINE<br/>30246 WATSON BLVD.<br/>BIG PINE KEY, FL 33043</b> | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | Sweet, Elaine<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><small>name</small>                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                                                               |                                                                                     |                                                                |                                                                                                                                                      |  |
| <b>SIGNATURE:</b> <u>Ellen R. Westbrook</u> <b>Ellen R. Westbrook</b> <b>2/22/04</b> <b>(205)</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                     |                                                                |                                                                                                                                                      |  |



Attachment

Additional  
Officers & Directors

# 720595  
54010736

D  
Shea, Jim  
29005 Marigold Drive  
Big Pine Key, FL 33043

D  
Andrews, Tom  
1112 Margaret Street  
Key West, FL 33040

D  
Gedmin, Janine  
1107 Windsor Lane  
Key West, FL 33040

D  
Chapin, Marge  
3A 12<sup>th</sup> Avenue  
Key West, FL 33040

D  
Klingener, Nancy  
411 Grinnell Street  
Key West, FL 33040

D  
Ford, Fran  
1227 Washington Street  
Key West, FL 33040

D  
Krinsky, Sy  
612 Elizabeth Street  
Key West, FL 33040

D  
Brown, Marge  
P.O. Box 239  
Summerland Key, FL 33042

D  
McElroy, Tom & Ann  
~~P.O. Box 421103~~  
Summerland Key, FL 33042  
1743 Buttonwood Drive West

D  
Hedden, Mark  
411 Grinnell Street  
Key West, FL 33040

D  
Pratt, Eloise  
814 Pearl Street  
Key West, FL 33040

D  
Kirkland, Kathy  
1107 Windsor Lane  
Key West, FL 33040

D  
Sherman, George  
1402 Laird Street  
Key West, FL 33040