

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720595

FILED
May 20, 2008
Secretary of State

Entity Name: FLORIDA KEYS AUDUBON SOCIETY, INC.

Current Principal Place of Business:

1735 BAHAMA DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1573
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 23-7207666 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HERRICK, HOMER B
1401 REYNOLDS STREET
UP
KEY WEST, FL 330404710 US

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: P () Delete
Name: HEDDEN, MARK
Address: 411 GRINNELL ST
City-St-Zip: KEY WEST, FL 33040

Title: V () Delete
Name: LYONS, KATIE
Address: 2816 CENTRAL AVENUE
City-St-Zip: BIG PINE KEY, FL 33043

Title: S () Delete
Name: NEWHAGEN, JANE
Address: 228 TRUMAN AVE
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: WESTBROOK, ELLEN
Address: 2424 FOGARTY AVE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: OSHABEN, GINNY
Address: 27 TRANSYLVANIA AVE
City-St-Zip: KEY LARGO, FL 33037

Title: V () Delete
Name: SHEA, JIM
Address: 29005 MARGOLD DRIVE
City-St-Zip: BIG PINE KEY, FL 33043

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
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Address:
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: ELLEN R. WESTBROOK

TRES

05/20/2008

Electronic Signature of Signing Officer or Director

Date