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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2003 8:00 am Secretary of State **DOCUMENT # 720595** 01-24-2003 90049 035 ****61.25 1. Entity Name FLORIDA KEYS AUDUBON SOCIETY, INC. Principal Place of Business Mailing Address 1735 BAHAMA DRIVE P.O. BOX 1573 KEY WEST FL 33040 KEY WEST FL 33041 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 23-7207666 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ~ 7. Name and Address of New Registered Agent Name HERRICK, HOMER B Street Address (P.O. Box Number is Not Acceptable) 1401 REYNOLDS STREET UP KEY WEST FL 33040-4710 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61,25 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete CR2E037 (10/02) TITLE TITLE ☐ Addition 7 Change WHITESIDE, MARK NAME NAME STREET ADDRESS 1735 BAHAMA DRIVE STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition HERRICK, HOMER NAME NAME STREET ADDRESS STREET ADDRESS 1401 REYNOLDS STREET CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-7IP> TITLE ☐ Delete TITLE Change ☐ Addition ADCOCK, JANE NAME NAME STREET ADDRESS **408 WILLIAMS ST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE ☐ Delete TITLE Change ☐ Addition DRINKWATER, JANICE NAME NAME STREET ADDRESS 95 BAY DRIVE STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition OSMABEN, GINNY NAME NAME STREET ADDRESS 27 TRANSYLVANIA AVE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILMERS, ELAINE NAME NAME STREET ADDRESS 30246 WATSON BLVD. STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL 33043

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

SIGNATURE:

PRANICE S. Denkwater 1-20-13