2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720657

FILED Jan 24, 2009 Secretary of State

Entity Name: CITRUS COUNTY AUDUBON SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

15 DRYPETER CT WEST HOMOSASSA, FL 34446 US

Current Mailing Address: New Mailing Address:

P.O. BOX 527 P.O. BOX 527

LECANTO, FL 344600527 LECANTO, FL 344600527 US

FEI Number: 23-7160727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOSELEY, ROBERT
5222 N MALLOWS CIRCLE
BIERLY, JAMES
15 DRYPETER CT

5222 N MÁLLOWS CIRCLE 15 DRYPETER CT WEST BEVERLY HILLS, FL 34465 US HOMOSASSA, FL 34446 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: JAMES BIERLY 01/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition Name: MOSELEY, ROBERT Name: KABZA, SHARON

Address: 5222 N MALLOWS CIR Address: 4657 W ANGUS DR

City-St-Zip: BEVERLY HILLS, FL 344654500 City-St-Zip: BEVERLY HILLS, FL 34465 US

 Title:
 PSD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 FRANK, BETSY
 Name:
 FRANK, BETSY

 Address:
 4583 SAWGRASS CIR
 Address:
 4583 SAWGRASS CIR

Address: 4583 SAWGRASS CIR Address: 4583 SAWGRASS CIR
City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: HOMOSASSA, FL 34448 US

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 KOST, NANCY
 Name:
 KOST, NANCY

 Address:
 11851 W. WATER WAY
 Address:
 11851 W. WATER WAY DR

Address: 11851 W. WATER WAY Address: 11851 W. WATER WAY DR
City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: HOMOSASSA, FL 34448 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WILSON, MARION
 Name:
 WILSON, MARION

 Address:
 2961 W PLANTATION PINES
 Address:
 2961 W PLANTATION PINES

 City-St-Zip:
 LECANTO, FL 34461
 City-St-Zip:
 LECANTO, FL 34461 US

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BIERLY, JAMES
 Name:
 BIERLY, JAMES

 Address:
 15 DRYPETES CT WEST
 Address:
 15 DRYPETER CT WEST

 City-St-Zip:
 HOMOSASSA, FL 34446
 City-St-Zip:
 HOMOSASSA, FL 34446 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CURTIS, LINDA
 Name:
 CASSELBERRY, PAT

 Address:
 5021 W. CUSTER DR
 Address:
 1529 SEATTLE SLEW CIR

 City-St-Zip:
 BEVERLY HILLS, FL 34465
 City-St-Zip:
 INVERNESS, FL 34453 US

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: SHARON KABZA TD 01/24/2009