

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720657

FILED
Jan 18, 2010
Secretary of State

Entity Name: CITRUS COUNTY AUDUBON SOCIETY, INC.

Current Principal Place of Business:

15 DRYPETER CT WEST
HOMOSASSA, FL 34446 US

New Principal Place of Business:

15 DRYPETES CT WEST
C/O JAMES BIERLY
HOMOSASSA, FL 34446 US

Current Mailing Address:

P.O. BOX 527
LECANTO, FL 344600527 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BIERLY, JAMES
15 DRYPETER CT WEST
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

BIERLY, JAMES
15 DRYPETES CT WEST
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:

01/18/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SNEDECOR, DARRELL
Address: 4057 E. GLORIA DIRVE
City-St-Zip: HERNANDO, FL 34442 US

Title: TD
Name: KABZA, SHARON
Address: PO BOX 1570
City-St-Zip: LECANTO, FL 34460 US

Title: SD
Name: KOST, NANCY
Address: 11851 W. WATER WAY DR
City-St-Zip: HOMOSASSA, FL 34448 US

Title: D
Name: HINCKLEY, BERNICE
Address: 12435 CANNA PT
City-St-Zip: FLORAL CITY, FL 34436 US

Title: D
Name: BIERLY, JAMES
Address: 15 DRYPETES CT WEST
City-St-Zip: HOMOSASSA, FL 34446 US

Title: D
Name: REITER, JERRY
Address: 720 DOERR PATH
City-St-Zip: HERNANDO, FL 34442 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON KABZA

TREA

01/18/2010

Electronic Signature of Signing Officer or Director

Date