

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720657

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** CITRUS COUNTY AUDUBON SOCIETY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

4057 E. GLORIA DRIVE  
C/O DARRELL SNEDECOR  
HERNANDO, FL 34442 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 ( )**

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

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

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

SNEDECOR, DARRELL  
4057 E. GLORIA DRIVE  
HERNANDO, FL 34442 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: DARRELL SNEDECOR

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: T  
Name: ALBERTSON, SUSAN  
Address: 1633 N. SHADOWVIEW PATH  
City-St-Zip: HERNANDO, FL 34442 US

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

Title: VP  
Name: PRIVAT, MARGARET  
Address: 636 W. NATIONAL STREET  
City-St-Zip: HERNANDO, FL 34442 US

Title: D  
Name: MOSELEY, DIANE  
Address: 5222 N. MALLOWS CIRCLE  
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: D  
Name: GUMASKAS, PETE  
Address: 5145 E. HOPP LANE  
City-St-Zip: INVERNESS, FL 34452 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: SUSAN ALBERTSON

T

03/31/2011

Electronic Signature of Signing Officer or Director

Date