2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90076 015 ****61.25

DOCUMENT # 722339

1. Entity Name

HALIFAX RIVER AUDUBON, INC.

Principal Place of Business	Mailing Address
501 N WILD OLIVE AVE #1 DAYTONA BEACH FL 32118 US	6118 JASMINE VINE DR PT ORANGE FL FL32124 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Sica Hall	Suite, Apt. #, etc.
1065 Daytona Ave.	
City & State: Holly Hill, Fl.	City & State
Zip: 32117 Country: USA	Zip: 32128 Country

4. FEI Number: 23-7193602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON, MORRELL 6118 JASMINE VINE DR PORT ORANGE FL 32124	Name: Lois Robinson Street Address (P.O. Box Number is Not Acceptable): 6118 Jasmine Vine Dr. City: Pt. Orange FL Zip Code: 32128

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: Lois Robinson Lois Robinson, Treasurer 1/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBINSON, LOIS 6118 JASMINE VINE DRIVE PORT ORANGE FL 32124	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Lois Robinson 6118 Jasmine Vine Dr. Pt. Orange, Fl 32128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHADDIX, MADELINE 6 HOMAN TERRACE DAYTONA BEACH FL 32115	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President John Roessler 310 Seaview Ave Daytona Beach, Fl 32118	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LESH, JEAN 8 GOLDEN GATE CIRCLE PORT ORANGE FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBINSON, MORRELL S. 6118 JASMINE VINE DR PT ORANGE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAMSEY, RACHEL 130 MILL SPRING PL RR#2 ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lois Robinson Lois Robinson 1/22/04 386-760-5480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #