2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90159 043 ****61.25

DOCUMENT # 725366

1. Entity Name
VENICE AREA AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
3849 WOODMERE PK BLVD. # 4 VENICE, FL 34293 US	3849 WOODMERE PK BLVD. # 4 VENICE, FL 34293 US

02062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
400 Dorchester Dr	400 Dorchester Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice FL	City & State: Venice FL
Zip: 34293 Country: USA	Zip: 34293 Country: USA

4. FEI Number 23-7450895 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNCAN, ROBERT T.
3849 WOODMERE PARK BLVD
4
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name: Julius, Cindy S
Street Address (P.O. Box Number is Not Acceptable): 400 Dorchester Dr
City: Venice FL Zip Code: 34293

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: Cindy S Julius Cindy S. Julius 3/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	D MCNEILLEY, JOHN 5869 VENSOTA RD VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAMPLE, CHARLES 661 CROSS FIELD CIRCLE VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KIXMILLER, DAN 125 AURORA ST EAST VENICE, FL 34285	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REAMY, KEN 501 PUTSLANE DR VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUNCAN, ROBERT T 3849 WOODMERE PK BL # 4 VENICE, FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Julius, Cindy S 400 Dorchester Dr Venice FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, NANCY 705 EAGLE POINT DR. VENICE, FL 34292	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Edmunds, Carolyn 308 Lynbrook Cir #204 Venice FL 34292	☐ 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: Cindy S Julius Treasurer Cindy S Julius 3/1/05 941 497-5984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #