

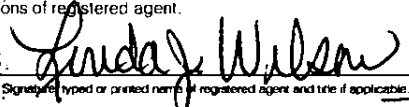
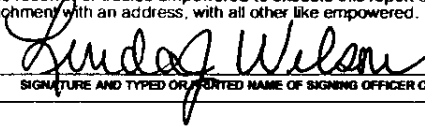


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90071 042 ****61.25

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|---|---|---|--|---|--|
| DOCUMENT # 725366 | | | |  | |
| 1. Entity Name VENICE AREA AUDUBON SOCIETY, INC. | | | | | |
| Principal Place of Business 400 DORCHESTER DR VENICE, FL 34293 US | | | Mailing Address 400 DORCHESTER DR VENICE, FL 34293 US | | |
| 2. Principal Place of Business - No P.O. Box # 6205 MARCUM ST. Suite, Apt. #, etc. ENGLEWOOD FL | | 3. Mailing Address 6205 MARCUM ST. Suite, Apt. #, etc. ENGLEWOOD FL | |  | |
| City & State 34224 USA | | City & State 34224 USA | | 4. FEI Number 23-7450895 | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JULIUS, CINDY S 400 DORCHESTER DR VENICE, FL 34293 | | | 7. Name and Address of New Registered Agent Name: LINDA J. Wilson Street Address (P.O. Box Number is Not Acceptable): 6205 MARCUM ST. City: ENGLEWOOD FL Zip Code: 34224 | | |
| 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:  LINDA J. WILSON 2-07-07 <small>Signature typed or printed name of registered agent and title if applicable. (If not a Registered Agent signature required when reissuing) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FREEDMAN, STEVEN L 4870 VIA SAN TOMAS O VENICE, FL 34293 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SAMPLE, CHARLES 661 CROSS FIELD CIRCLE VENICE, FL 34293 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR BARRY ROSSHEIM 109 VENICE PALMS BLVD. VENICE FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EVANS, DAVID R 1570 KEYWAY CT ENGLEWOOD, FL 34223 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V EDMUNDS, CAROLYN 308 LYNBROOK CIRCLE #204 VENICE, FL 34292 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR Abbie BANKS 121 MARKER RD. ROTONDA West FL 33947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JULIUS, CINDY S 400 DORCHESTER DR VENICE, FL 34293 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER LINDA J. WILSON 6205 MARCUM ST. ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  LINDA J. WILSON 2-7-7 941-475-7210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |