

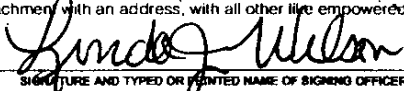


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90064 047 ****61.25

DOCUMENT # 725366 1. Entity Name VENICE AREA AUDUBON SOCIETY, INC.					
Principal Place of Business 6205 MARCUM ST ENGLEWOOD, FL 34224 US				Mailing Address 6205 MARCUM ST ENGLEWOOD, FL 34224 US	
2. Principal Place of Business - No P.O. Box # MARCUM		3. Mailing Address MARCUM			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 23-7450895	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, LINDA J 6205 MARCUM ST ENGLEWOOD, FL 34224				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
<div style="display: flex;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 5%;"> <input type="checkbox"/> Delete </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> <div style="width: 5%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEDMAN, STEVEN L 4870 VIA SAN TOMAS O VENICE, FL 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSHEIM, BARRY 109 VENCIA PALMS BLVD VENICE, FL 34292	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, ABBE Abbie 121 MARKER RD ROTONDA WEST, FL 33947	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, DAVID R 308 LYNBROOK CIRCLE # 204 VENICE, FL 34292	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, LINDA J 6205 MARCUM ST ENGLEWOOD, FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 			1-14-08 941-475-7210		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		