

**DOCUMENT # 728045**

**1. Entity Name**

**WEST PASCO AUDUBON SOCIETY, INC.**

01-24-2002 90164 027 \*\*\*\*\*61.25

|                                  |                                  |
|----------------------------------|----------------------------------|
| Principal Place of Business      | Mailing Address                  |
| P.O. BOX 1456<br>ELFERS FL 34680 | P.O. BOX 1456<br>ELFERS FL 34680 |

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

|                                  |                          |                                       |
|----------------------------------|--------------------------|---------------------------------------|
| 4. FEI Number                    | 51-0192479               | Applied For                           |
|                                  |                          | Not Applicable                        |
| 5. Certificate of Status Desired | <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

| 6. Name and Address of Current Registered Agent                 |
|---|
| TRACEY, KEN<br>5662 FIELDSPRING AVE<br>NEW PORT RICHEY FL 34655 |

| 7. Name and Address of New Registered Agent        |                                   |
|--|-----------------------------------|
| Name   |                                   |
| Street Address (P.O. Box Number is Not Acceptable) |                                   |
|  |                                   |
| City   | <div>FL</div> <div>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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                 |  |                                       |  |
|---------------------------------|--|---------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to</b><br><b>Department of State</b> |
|---------------------------------|--|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>PINNA, TINA<br>3536 KIMBERLY OAKS DRIVE<br>HOLIDAY FL 34691<br><input checked="" type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DS<br>TRACEY, LINDA<br>5662 FIELDSPRING AVE<br>NEW PORT RICHEY FL 34655<br><input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>TRACEY, KEN<br>5662 FIELDSPRING AV.<br>NEW PORT RICHEY FL 34655<br><input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>MOORE, IMOCENE<br>7022 OELSNER<br>NEW PT RICHEY FL<br><input checked="" type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <br><br><br><br><input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <br><br><br><br><input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|---|---|---------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DT<br>TRACEY, LINDA<br>5662 FIELD SPRING AVE<br>NEW PORT RICHEY, FL 34655 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DS<br>DIANE MALONE<br>13909 BARNARD AVE<br>HUDSON, FL 34667               | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DVP<br>JIM MCKAY<br>6123 MONTANA AVE<br>NEW PORT RICHEY, FL 34653         | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** Kenneth F Tracey **SIGNATURE REQUIRED** KENNETH F TRACEY 1/10/02 727-372-9640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E037 (9/01)