2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# 728045

Entity Name: WEST PASCO AUDUBON SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 1456
ELFERS, FL 34680

New Principal Place of Business:

WILDERNESS DR, JAY B. STARKEY PARK
EDUCATION CENTER BUILDING
ELFERS, FL 34680

Current Mailing Address:

P.O. BOX 1456
ELFERS, FL 34680

New Mailing Address:

5662 FIELDSPRING AVE.
NEW PORT RICHEY, FL 34655

FEI Number: 51-0192479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACEY, KEN
5662 FIELDSPRING AVE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TRACEY, KEN
Address: 5662 FIELDSPRING AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVP ( ) Delete
Name: KELL, MIKE
Address: 3854 TIDEWATER RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DS ( ) Delete
Name: DAY, PETER
Address: 8200 TARSIER AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DT ( ) Delete
Name: SPICUGLIA, CAROL
Address: 7710 BAYLEAF DR
City-St-Zip: BAYONET POINT, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH F. TRACEY DP 02/07/2009

Electronic Signature of Signing Officer or Director — Date