1/13

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
01-13-2003 90071 004 ****61.25

DOCUMENT # 728045

1. Entity Name
WEST PASCO AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1456 ELFERS FL 34680	P.O. BOX 1456 ELFERS FL 34680

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
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 ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRACEY, KEN
5662 FIELDSPRING AVE
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name CAROL M. SPICUGLIA
Street Address (P.O. Box Number is Not Acceptable) 7710 BAY LEAF DRIVE
City BAYONET POINT FL Zip Code 34667

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

FILE NOW: FEE IS $61.25

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	DP TRACEY, KEN 5662 FIELDSPRING AV. NEW PORT RICHEY FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT CAROL M. SPICUGLIA 7710 BAYLEAF DRIVE BAYONET POINT, FL 34667
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP JIM, MCKAY 6123 MONTANA AVE NEW PORT RICHEY FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRESIDENT ALFRED MADSEN 4635 BELLEMEDE BLVD NEW PORT RICHEY, FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TRACEY, LINDA 5662 FIELD SPRING AVE NEW PORT RICHEY FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER JOY WALKER 9804 LAMANTIN DRIVE PORT RICHEY, FL 34668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DIANE, MALONE 13909 BARNARD AVE HUDSON FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETARY KEN TRACEY 5662 FIELDSPRING AVE NEW PORT RICHEY, FL 34655
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"D" Note all are Directors of Corp. Ken Tracey Sec 2/25/03
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

☐ Change ☐ Addition

CR2E037 (10/02)

2. 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: Carol M. Spicuglia Carol M. Spicuglia 1-9-2003 727 868-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #