

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731455

FILED
Jan 05, 2009
Secretary of State

Entity Name: BAY COUNTY AUDUBON SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 1182
PANAMA CITY, FL 324021182 US

New Principal Place of Business:

3416 W. HWY 390
PANAMA CITY, FL 32405 US

Current Mailing Address:

P.O. BOX 1182
PANAMA CITY, FL 324021799

New Mailing Address:

FEI Number: 51-0163793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERDE, JERRY W
239 E. FOURTH ST.
PANAMA CITY, FL 32401 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: D () Delete
Name: TAYLOR, LOUISA
Address: 3416 W. HWY 390
City-St-Zip: PANAMA CITY, FL 32405

Title: V () Delete
Name: LAMB, NEIL J
Address: 914 TECH DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: S () Delete
Name: INGRAM, ANN
Address: 12634 PIERCY RD
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: CASTEEL, SUE
Address: 1616 MICHIGAN AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: T () Delete
Name: WITTKOPF, FRANCES
Address: 1515 MISSOURI AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: HOUSER, DIANE
Address: 1845 W. 24TH CT.
City-St-Zip: PANAMA CITY, FL 32405

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:

Title: T (X) Change () Addition
Name: GLADIS, JANET
Address: 2300 W. 11TH STREET
City-St-Zip: PANAMA CITY, FL 32401

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: LOUISA TAYLOR

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date