2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731889

FILED Apr 24, 2009 Secretary of State

Entity Name: AUDUBON OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

AUDUBON OF SW FLORIDA AUDUBON OF SW FLORIDA FT. MYERS, FL 339061041 16442 TIMBERLAKES DR #204

FORT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

AUDUBON OF SW FLORIDA P.O. BOX 061041 FT. MYERS, FL 339061041 16442 TIMBERLAKES DR #204

FORT MYERS, FL 33908

FEI Number: 23-7282218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

QUASINS, MARIA REAVES, GERRI PH.D. 4523 E RIVERSIDE DR 16442 TIMBERLAKES DR FORT MYERS, FL 33905 US #204

FORT MYERS, FL 33908 US

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: GERALDINE REAVES, PH.D. 04/24/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete QUASIUS, PETER L REAVES, GERALDINE PH.D. Name: Name: 4523 EAST RIVERSIDE DR Address: 16442 TIMBERLAKES DR #204 Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33908 US

Title: Title: (X) Change () Addition () Delete MILLER, TONY Name: NEWCOMB-JONES, CAROL Name: Address: 4481 E RIVERSIDE DR Address: 1736 MAPLE AV

City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33901 US

Title: PD() Delete Title: SEC. (X) Change () Addition

QUASIUS, MARIA QUASIUS, PETER Name: Name: 4523 E RIVERSIDE DR 4523 E RIVERSIDE DR Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905 US

Title: () Delete Title: **TRSR** () Change (X) Addition

Name: Name: AUSTIN, REBECCA PH.D. 18920 PINE RUN LANE Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33967 US

Title: () Delete Title: () Change (X) Addition

QUASIUS, MARIA Name: Name: 4523 E. RIVERSIDE DR Address: Address: FORT MYERS, FL 33905 US City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

CSONKA, GENE Name: Name: Address: Address: 22061 SPRING MILL CT ESTERO, FL 33928 US City-St-Zip: 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: GERALDINE REAVES **PRES** 04/24/2009

Electronic Signature of Signing Officer or Director

Date