

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731889

FILED
Jan 21, 2010
Secretary of State

Entity Name: AUDUBON OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

AUDUBON OF SW FLORIDA
16442 TIMBERLAKES DR #204
FORT MYERS, FL 33908

New Principal Place of Business:

AUDUBON OF SW FLORIDA
1736 MAPLE AVENUE
FORT MYERS, FL 33901

Current Mailing Address:

AUDUBON OF SW FLORIDA
16442 TIMBERLAKES DR #204
FORT MYERS, FL 33908

New Mailing Address:

AUDUBON OF SW FLORIDA
P.O. BOX 61041
FORT MYERS, FL 33906

FEI Number: 23-7282218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAVES, GERRI PH.D.
16442 TIMBERLAKES DR
#204
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

NEWCOMB-JONES, CAROL
1736 MAPLE AVENUE
FORT MYERS, FL 33901 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: CAROL NEWCOMB-JONES

01/21/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: NEWCOMB-JONES, CAROL
Address: 1736 MAPLE AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: VP/T
Name: AUSTIN, REBECCA
Address: 18920 PINE RUN LN
City-St-Zip: FORT MYERS, FL 33967 US

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

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

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

Title: DIR
Name: CSONKA, GENE
Address: 22061 SPRING MILL CT
City-St-Zip: ESTERO, FL 33928 US

I hereby 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 all other like empowered.

SIGNATURE: CAROL NEWCOMB-JONES

PRES

01/21/2010

Electronic Signature of Signing Officer or Director

Date