

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 732272	
1. Entity Name ALACHUA AUDUBON SOCIETY, INC.	

Principal Place of Business C/O JOHN WINN 12318 NE CR 1471 WALDO FL 32694 US	Mailing Address C/O JOHN WINN 12318 NE CR 1471 WALDO FL 32694 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2872889	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WINN, JOHN 12318 NE CR 1471 WALDO FL 32694	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 P NAME MEISENBURG, MICHAEL STREET ADDRESS 16544 SW 143RD AVE CITY-ST-ZIP GAINESVILLE FL 32618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100000624162 02/14/07-80019-020 61.25
TITLE VP NAME CHRISTENSEN, BRUCE STREET ADDRESS 1012 NW 8TH ST CITY-ST-ZIP GAINESVILLE FL 32601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME SOMMERVILLE, SUSAN STREET ADDRESS 3756 NW 28TH PLACE CITY-ST-ZIP GAINESVILLE FL 32605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME SIMONS, ROBERT W STREET ADDRESS 1122 SW 11TH AVE CITY-ST-ZIP GAINESVILLE FL 32601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME HAINES, KATHY STREET ADDRESS 1637 NW 42ND PLACE CITY-ST-ZIP GAINESVILLE FL 32605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME ROBBINS, DOT STREET ADDRESS 25125 NW 210TH LN CITY-ST-ZIP HIGH SPRINGS FL 32643	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Dorothy E. Robbins

2/1/07

386 454 8087