2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 732272

Entity Name: ALACHUA AUDUBON SOCIETY, INC.

Current Principal Place of Business:

C/O JOHN WINN
12318 NE CR 1471
WALDO, FL 32694 US

New Principal Place of Business:

Current Mailing Address:

C/O JOHN WINN
12318 NE CR 1471
WALDO, FL 32694 US

New Mailing Address:

FEI Number: 59-2872889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINN, JOHN
12318 NE CR 1471
WALDO, FL 32694 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:	P	( ) Delete
Name:	MEISENBURG, MICHAEL	
Address:	16544 SW 143RD AVE	
City-St-Zip:	GAINESVILLE, FL 32618	
Title:	VP	( ) Delete
Name:	CARROLL, BOB	
Address:	4036 NW 64TH PL	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	S	( ) Delete
Name:	SOMMERVILLE, SUSAN	
Address:	3756 NW 28TH PLACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	D	( ) Delete
Name:	SIMONS, ROBERT W	
Address:	1122 SW 11TH AVE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	D	( ) Delete
Name:	HAINES, KATHY	
Address:	1637 NW 42ND PLACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	T	( ) Delete
Name:	ROBBINS, DOT	
Address:	25125 NW 210TH LN	
City-St-Zip:	HIGH SPRINGS, FL 32643	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DOT ROBBINS T 03/10/2009

Electronic Signature of Signing Officer or Director — Date