

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90124 032 ****61.25

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DOCUMENT # 736427 1. Entity Name FRANCIS M. WESTON AUDUBON SOCIETY, INC.					
Principal Place of Business P.O. BOX 17484 PENSACOLA, FL 32522			Mailing Address P.O. BOX 17484 PENSACOLA, FL 32522		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0204114	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADY, JAMES 6904 KITTY HAWK DR. PENSACOLA, FL 32506				7. Name and Address of New Registered Agent Name REUNERT, ANNELISE Street Address (P.O. Box Number is Not Acceptable) 15747 BOWLEGS REEF City PENSACOLA FL Zip Code 32507	
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 <u><i>A. K. Reunert</i></u> (NOTE: Registered Agent signature required when reinstating) 5/5/05 Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRADY, JAMES 6904 KITTY HAWK DR. PENSACOLA, FL 32506	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REUNERT, ANNELISE 15747 BOWLEGS REEF PENSACOLA, FL 32507
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REUNERT, ANNALISE 15747 BOWLEGS REEF PENSACOLA, FL 32507	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, JAMES 6904 KITTY HAWK DRIVE PENSACOLA, FL 32506
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TETLOW, MURIEL 3435 BLUE RIDGE DR. PENSACOLA, FL 32504	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAN LLOYD 609 N. 72ND AVENUE PENSACOLA, FL 32506
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASCHERPELD, CAROL 901 ARIOLA DR. GULF BREEZE, FL 32561	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIDI MOORE 3090 ROBINSON POINT ROAD MILTON, FL 32583
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZICCARDI, ANTHONY 615 BAYSHORE DR., #606 PENSACOLA, FL 32507	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rebecca P. Grass 85 South 69th Ave. PENSACOLA, FL 32506
				☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORSTER, ANN 447 CREARY ST. PENSACOLA, FL 32507	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHEL, LUCY 4107 BRITTANY PLACE PENSACOLA, FL 32504
				☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Rebecca P. Grass</i></u> Treasurer 5/5/05 850-455-9666 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #					