

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90023 022 ****61.25

DOCUMENT # 743143

1. Entity Name

CHOCTAWHATCHEE AUDUBON SOCIETY, INC.



Principal Place of Business

C/O DONALD WARE
662 FAIRWAY AVENUE
FORT WALTON BEACH FL 32547-1752
US

Mailing Address

C/O DONALD WARE
662 FAIRWAY AVENUE
FORT WALTON BEACH FL 32547-1752
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1915863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

WARE, DONALD M.
662 FAIRWAY AVE.
FT. WALTON BEACH FL 32547-1752

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE P ☒ Delete
NAME BURKE, BILL
STREET ADDRESS 248 BOWLES CT
CITY-ST-ZIP EGLIN FL 32542-1142

TITLE TD ☒ Delete
NAME GROSS, PAT
STREET ADDRESS 169 COUNTRY CLUB ROAD
CITY-ST-ZIP SHALIMAR FL 32579

TITLE SD ☐ Delete
NAME BAKER, PAT
STREET ADDRESS 509 JUNIPER AVE
CITY-ST-ZIP NICEVILLE F 32578

TITLE SD ☐ Delete
NAME GOODYEAR, CAROLE
STREET ADDRESS 1214 N LAKESHORE DR
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Nonie Maines
STREET ADDRESS ~~XXXXXXXXXX~~ 511 Lang
CITY-ST-ZIP Ft. Walton Beach, FL 32547

TITLE ☒ Change ☐ Addition
NAME Karen Newhouse
STREET ADDRESS 607 E. Greenwood Cove
CITY-ST-ZIP Niceville, FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Thelma Phillips
STREET ADDRESS 9 Bayview Drive
CITY-ST-ZIP Shalimar, FL 32579

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Karen Newhouse*

Karen Newhouse

20 Feb 06

850-597-3745