

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743143

FILED
Jan 06, 2009
Secretary of State

Entity Name: CHOCTAWHATCHEE AUDUBON SOCIETY, INC.

Current Principal Place of Business:

C/O DONALD WARE
662 FAIRWAY AVENUE
FORT WALTON BEACH, FL 325471752 US

New Principal Place of Business:

Current Mailing Address:

C/O DONALD WARE
662 FAIRWAY AVENUE
FORT WALTON BEACH, FL 325471752 US

New Mailing Address:

FEI Number: 59-1915863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARE, DONALD M.
662 FAIRWAY AVE.
FT. WALTON BEACH, FL 325471752 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: MAINES, NONIE
Address: 511 LANG
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD () Delete
Name: NEWHOUSE, KAREN
Address: 607 EAST GREENWOOD COVE
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: WEAVER, SHARON
Address: 243 WINARD WAY
City-St-Zip: NICEVILLE, F 32578

Title: V () Delete
Name: PHILLIPS, THELMA
Address: 9 BAYVIEW DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: SD () Delete
Name: TIDWELL, KATHY
Address: 13 SHARLYN DRIVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PHILLIPS, THELMA
Address: 9 BAYSHORE DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: GOODYEAR, CAROLE
Address: 1214 N LAKESHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: KAREN NEWHOUSE

TD

01/06/2009

Electronic Signature of Signing Officer or Director

Date