

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90020 038 ****61.25

DOCUMENT # 746868 1. Entity Name ST. JOHN'S COUNTY AUDOBON SOCIETY, INC.					
Principal Place of Business KING ST ST. AUGUSTINE, FL 32085-0965 US			Mailing Address PO BOX 965 ST. AUGUSTINE, FL 32085-0965 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3329771 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				02192007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SACHS, LARRY 137 TURTLE BAY LANE PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name <u>Sachs, Nancy</u> Street Address (P.O. Box Number is Not Acceptable) <u>137 Turtle Bay Lane</u> City <u>Ponte Vedra Beach</u> FL Zip Code <u>32082</u>		
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>Nancy Sachs</u> <u>Nancy Sachs Treasurer</u> <u>2/21/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	P REED, DIANE 110 OCEAN HOLLOW LANE #201 ST. AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Peterson, Veronica 5437 2nd Street St. Augustine FL 32080	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOLK, CHARLES VONDER 1270 NECK ROAD PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHELLEMI, LEE 410 14TH ST. ST. AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SACHS, LARRY 137 TURTLE BAY LANE PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Change ☒ Addition Sachs, Nancy 137 Turtle Bay Lane Ponte Vedra Beach FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRER, MARGARET 110 OCEAN HOLLOW LANE #208 ST. AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Carver, Margaret	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTIE, DON 808 MILL POND CT JACKSONVILLE, FL 32259	☒ 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 Chapter 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: <u>Nancy Sachs</u> <u>Nancy Sachs</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>2/21/07</u> <u>904-566-6573</u> Date Daytime Phone #		

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