2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746868

FILED Feb 28, 2009 Secretary of State

Entity Name: ST. JOHN'S COUNTY AUDOBON SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: ST. AUGUSTINE, FL 320850965 US **Current Mailing Address: New Mailing Address:** PO BOX 965 ST. AUGUSTINE, FL 320850965 US FEI Number: 59-3329771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SACHS, NANCY 137 TURTLE BAY LANE PONTE VEDRA BEACH, FL 32082 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition REED, DIANE REED, DIANE Name: Name: 110 OCEAN HOLLOW LANE #201 Address: 110 OCEAN HOLLOW LANE #201 Address: City-St-Zip: ST. AUGUSTINE, FL 32084 US City-St-Zip: ST. AUGUSTINE, FL 32084 US Title: Title: (X) Change () Addition () Delete KOLK, CHARLES VONDER Name: ALBRIGHT, BARRY Name: Address: 1270 NECK ROAD Address: **528 PINE STREET** City-St-Zip: PONTE VEDRA BEACH, FL 32082 US City-St-Zip: NEPTUNE BEACH, FL 32266 US Title: () Delete Title: (X) Change () Addition SHULER, NED SHULER, NED Name: Name: 323 ARPIEKA AVE Address: Address: 323 ARPIEKA AVE City-St-Zip: SAINT AUGUSTINE, FL 32080 US City-St-Zip: SAINT AUGUSTINE, FL 32080 US Title: () Delete Title: (X) Change () Addition Name: PETERSON, VERONICA Name: THORNTON, ANDREW Address: 5437 2ND ST. Address: 22 1/2 HOPE STREET City-St-Zip: SAINT AUGUSTINE, FL 32080 City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: () Delete Title: (X) Change () Addition CARVER, MARGARET COOK, PEGGY Name: Name: 110 OCEAN HOLLOW LANE #208 6975 CHARLES STREET Address: Address: City-St-Zip: ST.AUGUSTINE, FL 32084 US City-St-Zip: ST.AUGUSTINE, FL 32080 US Title: () Delete Title: () Change () Addition SACHS, NANCY Name: Name: Address: 137 TURTLE BAY LANE Address:

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.

City-St-Zip:

SIGNATURE: NANCY SACHS T 02/28/2009

PONTE VEDRA BEACH, FL 32082

City-St-Zip: