

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90002 019 ****61.25

DOCUMENT # 752248
 1. Entity Name
APALACHEE AUDUBON SOCIETY, INCORPORATED



Principal Place of Business
 PO BOX 1237
 TALLAHASSEE, FL 32302

Mailing Address
 PO BOX 1237
 TALLAHASSEE, FL 32302

54058132



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06042004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
23-7181962

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, HARVEY
1115 SANDHURST DRIVE
TALLAHASSEE, FL 32312

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 **HARVEY GOLDMAN** *Harvey Goldman* **6/18/2004**
(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 September 8, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, LARRY 1229 SARASOTA DRIVE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDMAN, HARVEY 1115 SANDHURST DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CREWS, JIM 1141 PINE STREET TALLAHASSEE, FL 323036472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LOWRIE, BILL PO BOX 55 SOPCHOPPY, FL 32358	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS III, MARVIN 1628 MITCHELL AVENUE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRAPER, ERIC 3627 DEXTER DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM LIBROTH 1900 CENTRE POINTE BLVD TALLAHASSEE FL 32308-4881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. SALLY JUE 3455 DORCHESTER COURT TALLAHASSEE FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Harvey Goldman* **6/18/2004** **850-385-5222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #