2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State
01-05-2007 90029 003 ****61.25

DOCUMENT # 752248

1. Entity Name
APALACHEE AUDUBON SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 1237 TALLAHASSEE, FL 32302	PO BOX 1237 TALLAHASSEE, FL 32302

01032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7181962 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDMAN, HARVEY 1115 SANDHURST DRIVE TALLAHASSEE, FL 32312	Name HARVEY GOLDMAN Street Address (P.O. Box Number is Not Acceptable) 6317 COACH HOUSE COURT City TALLAHASSEE FL Zip Code 32312

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, TREASURER HARVEY GOLDMAN 1/4/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address changing) 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	D WENSING, KAREN 256 TIMBERLANE ROAD TALLAHASSEE, FL 32312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELIZABETH PLATT 1904 SKYLAND DRIVE TALLAHASSEE FL 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOLDMAN, HARVEY 6317 COACH HOUSE COURT TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JUE, SALLY 3455 DORCHESTER COURT TALLAHASSEE, FL 32312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MELISSA FOREHAND 3414 PROCK DRIVE TALLAHASSEE FL 32311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PLATT, ELIPA BETH 1904 SKYLAND DRIVE TALLAHASSEE, FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAWN M. SANCZER 3909 RESERVE DR. #617 TALLAHASSEE FL 32311	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS III, MARVIN 1628 MITCHELL AVENUE TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DRAPER, ERIC 3627 DEXTER DRIVE TALLAHASSEE, FL 32312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIZABETH VEAZEL 1900 CENTRE POINTE BLVD #208 TALLAHASSEE FL 32308	☐ 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: Harvey Goldman HARVEY GOLDMAN 1/4/2007 850-385-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #