

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90037 042 ****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**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

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

**GOLDMAN, HARVEY
6317 COACH HOUSE CT
TALLAHASSEE, FL 32312**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLATT, ELIZABETH 1904 SKYLAND DR TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDMAN, HARVEY 6317 COACH HOUSE COURT TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOREHAND, MELISSA 3414 PROCK DR TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANCIER, DAWN M 3909 RESERVE DR SUITE 617 TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS III, MARVIN 1628 MITCHELL AVENUE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGIL, ELIZABETH 1900 CENTRE POINTE BLVD #208 TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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: *Joel H. Goldman* **JOEL H. GOLDMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2008 **1/9/2008** *850-385-5122*
Date Daytime Phone #