

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90078 039 ****61.25

DOCUMENT # 765573

1. Entity Name

PANHANDLE AUDUBON SOCIETY, INC.

Principal Place of Business

Mailing Address

**4302 SECOND AVE.
 MARIANNA FL 32446
 US**

**4302 SECOND AVE.
 MARIANNA FL 32446-2175
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

49-5058508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEBB, E.A.
 4330 MAYWOOD DRIVE
 MARIANNA FL 32446**

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.

SIGNATURE E.A. Hebb

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

(NOTE: Registered Agent signature required when reinstating)

April 25 2000

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIMMEL, STEVE	
STREET ADDRESS	4379 LOBLOLLY DRIVE	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MANNING, ARTHUR	
STREET ADDRESS	911 E. PUTNAM	
CITY-ST-ZIP	MARIANNA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEBB, E.A.	
STREET ADDRESS	4330 MAYWOOD DRIVE	
CITY-ST-ZIP	MARIANNA FL	
TITLE	Trea.	<input type="checkbox"/> Delete
NAME	Beverly B. Conrad	
STREET ADDRESS	4302 1st Ave.	
CITY-ST-ZIP	Marianna, Fla. 32446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Steve Shimmel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Shimmel	
STREET ADDRESS	4349 Ocering St	
CITY-ST-ZIP	Marianna FL 32446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steve Shimmel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #