


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91031 044 ****61.25

DOCUMENT # 809761 1. Entity Name NATIONAL AUDUBON SOCIETY					
Principal Place of Business 700 BROADWAY NEW YORK, NY 10003			Mailing Address 700 BROADWAY NEW YORK, NY 10003		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-1624102	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLICKER, JOHN		NAME		
STREET ADDRESS	215 E 68TH STREET #20B		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'BRIEN, DONAL C JR		NAME	Carol Browner	
STREET ADDRESS	436 TRINITY PASS ROAD		STREET ADDRESS	901 15th Street NW, Suite 1000	
CITY-ST-ZIP	NEW CANAAN, CT		CITY-ST-ZIP	Washington, DC 20005	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, MONIQUE		NAME		
STREET ADDRESS	123-69 BEACH CHANNEL DR		STREET ADDRESS		
CITY-ST-ZIP	BELL HARBOR, NY 11694		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, PATRICIA		NAME		
STREET ADDRESS	21-A SEYMOUR LANE		STREET ADDRESS		
CITY-ST-ZIP	MEDFORD, NY 11763		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ENGLE, HELEN M.		NAME	Director Charles F. Kahle	
STREET ADDRESS	4011 ALAMEDA AVENUE		STREET ADDRESS	6900 56th Ave NE	
CITY-ST-ZIP	TACOMA, WA		CITY-ST-ZIP	Seattle, WA 98115	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMPSEY, JACK		NAME		
STREET ADDRESS	4624 BROWDALE AVE		STREET ADDRESS		
CITY-ST-ZIP	EDINA, MN 55952		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)(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: <i>Patricia Douglas</i> <i>Patricia Douglas</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 4/23/04 (v12) Daytime Phone # 979-3172		