


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90018 020 ****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

50052859



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

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

05122005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 13-1624102 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005

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 P NAME FLICKER, JOHN STREET ADDRESS 215 E 68TH STREET #20B CITY-ST-ZIP NEW YORK, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD NAME BIOLONER, CAROL STREET ADDRESS 901 15TH STREET NW, SUITE 1000 CITY-ST-ZIP WASHINGTON, DC 20005	<input type="checkbox"/> Delete	TITLE CD NAME Blawner Carol STREET ADDRESS 7003 Westmoreland Ave CITY-ST-ZIP Takoma Park, MD 20913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME QUINN, MONIQUE STREET ADDRESS 123-69 BEACH CHANNEL DR CITY-ST-ZIP BELL HARBOR, NY 11694	<input type="checkbox"/> Delete	TITLE V NAME Quinn, Monique STREET ADDRESS 123-69 Beach Channel Drive CITY-ST-ZIP Belle Harbor, NY 11694	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME DOUGLAS, PATRICIA STREET ADDRESS 21-A SEYMOUR LANE CITY-ST-ZIP MEDFORD, NY 11763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KAHLE, CHARLES F STREET ADDRESS 6900 56TH AVE NE CITY-ST-ZIP SEATTLE, WA 98115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DEMPSEY, JACK STREET ADDRESS 4624 BROWNDAL AVE CITY-ST-ZIP EDINA, MN 55952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(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: Patricia Douglas Date: 5/12/2005 (212) 919-3172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Patricia Douglas