

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90280 028 \*\*\*\*61.25

**DOCUMENT # 809761**

1. Entity Name

NATIONAL AUDUBON SOCIETY, INC.



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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE P ☐ Delete  
NAME FLICKER, JOHN  
STREET ADDRESS 215 E 68TH STREET #20B  
CITY-ST-ZIP NEW YORK NY

TITLE CD ☐ Delete  
NAME BIOLONER, CAROL  
STREET ADDRESS 7003 WESTMORELAND AVE  
CITY-ST-ZIP TAKOMA PARK MD 20913

TITLE V ☐ Delete  
NAME QUINN, MONIQUE  
STREET ADDRESS 123-09 BEACH CHANNEL DRIVE  
CITY-ST-ZIP BELLE HARBOR NY 11694

TITLE AS ☐ Delete  
NAME DOUGLAS, PATRICIA  
STREET ADDRESS 21-A SEYMOUR LANE  
CITY-ST-ZIP MEDFORD NY 11763

TITLE D ☐ Delete  
NAME KAHLE, CHARLES F  
STREET ADDRESS 6900 56TH AVE NE  
CITY-ST-ZIP SEATTLE WA 98115

TITLE S ☒ Delete  
NAME DEMPSEY, JACK  
STREET ADDRESS 4624 BROWDALE AVE  
CITY-ST-ZIP EDINA MN 55952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☒ Change ☐ Addition  
NAME Browner, Carol  
STREET ADDRESS 7003 Westmoreland Ave  
CITY-ST-ZIP Takoma Park, MD 20912

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition  
NAME Allen J. Model  
STREET ADDRESS 1720 Delancey Place  
CITY-ST-ZIP Philadelphia, PA 19103

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Patricia Dwyer* Asst. Secretary 4/26/06 (mz) 979-3172