

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006148

FILED
Jan 05, 2007
Secretary of State

Entity Name: THE AUDUBON SOCIETY OF NEW YORK STATE, INC.

Current Principal Place of Business:

46 RARICK ROAD
SELKIRK, NY 12158

New Principal Place of Business:

Current Mailing Address:

46 RARICK ROAD
SELKIRK, NY 12158

New Mailing Address:

FEI Number: 14-1698061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUIS, KRAIG
439 PRATHER DRIVE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: DODSON, RONALD G
Address: 46 RARICK ROAD
City-St-Zip: SELKIRK, NY 12158

Title: VSD () Delete
Name: JACK, HOWARD A
Address: 46 RARICK ROAD
City-St-Zip: SELKIRK, NY 12158

Title: TD () Delete
Name: SALINETTI, PETER J
Address: 46 RARICK ROAD
City-St-Zip: SELKIRK, NY 12158

Title: D () Delete
Name: JONES, STEPHEN B PHD
Address: 46 RARICK ROAD
City-St-Zip: SELKIRK, NY 12158

Title: D () Delete
Name: FOY, SHELLY
Address: 11844 SE DIXIE HWY
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: ROUSE, CHARLES
Address: 19 HERBERT STREET
City-St-Zip: GENEVA, NY 14456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FOY, SHELLY
Address: 8996 SE BRIDGE ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Change () Addition
Name: VITTUM, PATRICIA J PHD
Address: 46 RARICK ROAD
City-St-Zip: SELKIRK, NY 12158

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD A. JACK

VSD

01/05/2007

Electronic Signature of Signing Officer or Director

Date