2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State
05-28-2008 90017 037 ****61.25

DOCUMENT # N02000006225

1. Entity Name

SEMINOLE AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
PO BO 2977 SANFORD FL 32772-2977	PO BO 2977 SANFORD FL 32772-2977

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2373269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLEMENTS, ROBERT F 4847 SHORELINE CIR. SANFORD FL 32771	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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, FAITH 763 MALLARD DR. SANFORD FL 32771-9211	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JUANITA VILLALOBOS-BELL 5085 BLACKNELL LANE. SANFORD FL 32771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VILLALOBOS-BELL, JUANITA 5085 BLACKNELL LN SANFORD FL 32771-8349	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JAMES DENSLOW 527 PALMETTO CT LAKE MARY FL 32746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLEMENTS, ROBERT 4847 SHORELINE CIR. SANFORD FL 32771-7147	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BETTYE LEIDIGH 336 W. LAKEVIEW AVE. LAKE MARY FL 32746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENDALL, SAM 510 HERMITS TRAIL ALTAMONTE SPRINGS FL 32701-3628	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ESTELLE HURWITCH 551 WHITE TAIL TRAIL CHULUOTA FL 32766	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIDIGH, DARRELL 336 W. LAKEVIEW AVE. LAKE MARY FL 32746-3118	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAITH JONES 763 MALLARD DR SANFORD FL 32771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIRLEY FOLSE 445 LIVE OAK AVE CHULUOTA FL 32766	☐ Change ☒ Addition

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: Robert F. Clements April 26, 2008 407-330-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #