

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006225

FILED
Jan 14, 2009
Secretary of State

Entity Name: SEMINOLE AUDUBON SOCIETY, INC.

Current Principal Place of Business:

PO BO 2977
SANFORD, FL 327722977

New Principal Place of Business:

336 W LAKEVIEW AVE
LAKE MARY, FL 32746

Current Mailing Address:

PO BO 2977
SANFORD, FL 327722977

New Mailing Address:

PO BO 2977
SANFORD, FL 32772 US

FEI Number: 52-2373269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, ROBERT F
4847 SHORELINE CIR.
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

LEIDIGH, BETTYE S
336 W LAKEVIEW AVE
LAKE MARY, FL 32746 US

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: BETTYE S LEIDIGH

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VILLALOBOS-BELL, JUANITA
Address: 5085 BLACKWELL LANE
City-St-Zip: SANFORD, FL 32771

Title: VD () Delete
Name: DENSLOW, JAMES
Address: 527 PALMETTO CT
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: LEIDIGH, BETTY E
Address: 336 W. LAKEVIEW AVE
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: ESTELLE, HURWITCH
Address: 551 WHITE TAIL TRAIL
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: JONES, FAITH
Address: 763 MALLARD DRIVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: SHIRLEY, FOLSE
Address: 445 LIVE OAK AVE
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: LEIDIGH, BETTYE S
Address: 336 W. LAKEVIEW AVE
City-St-Zip: LAKE MARY, FL 32746

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BETTYE S LEIDIGH

DT

01/14/2009

Electronic Signature of Signing Officer or Director

Date