

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005524

FILED  
Mar 14, 2010  
Secretary of State

**Entity Name:** HENDRY-GLADES AUDUBON SOCIETY INC

**Current Principal Place of Business:**

380 RIVERVIEW DRIVE  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

380 RIVERVIEW DRIVE  
LABELLE, FL 33935

**New Mailing Address:**

FEI Number: 80-0135084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ENGLAND, MARGARET L  
380 RIVERVIEW DRIVE  
LABELLE, FL 33935 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: P  
Name: ENGLAND, MARGARET L  
Address: 380 RIVERVIEW DR  
City-St-Zip: LABELLE, FL 33935 US

Title: VP  
Name: BUTCH, WILSON  
Address: 237 E ARCADE AVE  
City-St-Zip: CLEWISTON, FL 33440 US

Title: TREA  
Name: FALK, JANET  
Address: 570 CAPTAIN HENDRY DRIVE  
City-St-Zip: LABELLE, FL 33935 US

Title: SEC  
Name: KIM, WILLIS  
Address: 405 W. TRINIDAD AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: BRD  
Name: MARTY, VALIANT  
Address: 570 CAPTAIN HENDRY DRIVE  
City-St-Zip: LABELLE, FL 33935

Title: BRD  
Name: NORM, DILLMAN  
Address: 344 RIVERA VISTA BLVD  
City-St-Zip: LABELLE, FL 33935 US

I hereby 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 all other like empowered.

SIGNATURE: MARGARET ENGLAND

PRES

03/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date