

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

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90026 031 ****61.25

DOCUMENT # N06328

1. Entity Name

EAGLE AUDUBON SOCIETY, INC.



Principal Place of Business

KINGS POINT CLUBHOUSE
BANQUET ROOM
SUN CITY CENTER FL 33573

Mailing Address

P. O. BOX 5813
SUN CITY CENTER FL 33571-5813
US

2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5813
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)



City & State

Sun City Center, FL
Zip 33573 Country USA

City & State

Sun City Center, FL
Zip 33571 Country USA

4. FEI Number

59-2234564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBERTY, LOUISE
1022 RADISON AVE.
SUN CITY CENTER FL 33573-8013

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
NAME HUBERTY, LOUISE ☐ Delete
STREET ADDRESS 1022 RADISON AVE.
CITY-ST-ZIP SUN CITY CENTER FL 33573-8013

TITLE V
NAME NANCY, TERRY M ☐ Delete
STREET ADDRESS 715 TREMONT GREENS LANE
CITY-ST-ZIP SUN CITY CENTER FL 33573-8040

TITLE D
NAME ABBOTT, IRENE T ☐ Delete
STREET ADDRESS 1902 NEW BEDFORD DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE T
NAME KELLEY, BARBARA L ☐ Delete
STREET ADDRESS 2003 HEREFORD DR.
CITY-ST-ZIP SUN CITY CENTER FL 33573-6353

TITLE V
NAME MILLER, SANDRA ☐ Delete
STREET ADDRESS 304 SEDGWICK CT.
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE D
NAME LEEPER, ADRIENNE ☐ Delete
STREET ADDRESS 711 INDIAN WELLS DR
CITY-ST-ZIP SUN CITY CENTER FL 33573

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Bernice Bines ☐ Change ☒ Addition
NAME 2203 Holkham PL.
STREET ADDRESS Sun City Center, FL 33573
CITY-ST-ZIP

TITLE Scott & Virginia ☐ Change ☒ Addition
NAME Lloyd Jones
STREET ADDRESS 2055 Inverness Dr
CITY-ST-ZIP Sun City Center, FL 33573

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

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: *Laurel Huberty*

1/31/06

813-633-4937