


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

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90061 031 ****61.25

DOCUMENT # N06668	
1. Entity Name MANATEE COUNTY AUDUBON SOCIETY, INC.	

Principal Place of Business FIRST PRESBYTERIAN CHURCH 1402 MANATEE AVE WEST BRADENTON FL 34210 US	Mailing Address PO BOX 14550 BRADENTON FL 34280 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2562597	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHNEIDER, JOHN F 511 49TH ST WEST BRADENTON FL 34209-3837
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNIEDER, JOHN F		NAME	
STREET ADDRESS 511 49TH ST WEST		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34209-3837		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNEIDER, BUNNY		NAME	
STREET ADDRESS 511 49TH ST W		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34209		CITY-ST-ZIP	
TITLE PD DIRECTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACK, STEVE		NAME	
STREET ADDRESS 4823 HOYER DR		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34241-9222		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLISIK, ARLENE		NAME	
STREET ADDRESS 4106 24TH AVE W		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34205		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BANSEN, DON		NAME NANCY AMBROSE	
STREET ADDRESS 7405 8TH AVE		STREET ADDRESS 264 SOUTH HARBOR DRIVE	
CITY-ST-ZIP BRADENTON FL 34209-3424		CITY-ST-ZIP HOLMES BEACH FL 34217	
TITLE VD PRESIDENT/DIR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEITZMAN, TOM		NAME	
STREET ADDRESS 10824 ERIE RD		STREET ADDRESS	
CITY-ST-ZIP PARRISH FL 34219		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: *John F. Schneider* **TREAS JOHN F SCHNEIDER** 2/1/06 941-792-1794