

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000009386 1. Entity Name FOUR RIVERS AUDUBON SOCIETY, INCORPORATED						FILED 09 APR 29 PM 1:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 209 S.W. PAISLEY COURT FORT WHITE, FL 32038				Mailing Address P.O. BOX 596 LAKE CITY, FL 32056-0596			
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 59-1957858				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SULEK, JACQUELINE A 209 S.W. PAISLEY COURT FORT WHITE, FL 32038				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2009				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	P SULEK, JACQUELINE A 209 SW PAISLEY CT FT WHITE, FL 32038 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rick Lepore 327 SW Bluff Drive Fort White, FL 32038 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNARD, LOYE 492 SW COLLINS LN FT WHITE, FL 32038 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEPORE, VICKIE 827 SW BLUFF DR FT WHITE, FL 32038 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900153874689 04/30/09--01002--018 **\$61.25 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SEDMERA, FRANK 2495 S. MARION AVE. LAKE CITY, FL 32025 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUMMER, RUSSELL O 549 SAN JUAN PL LAKE CITY, FL 32025 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Plummer Russell O 549 San Juan Place Lake City, FL 32025 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, GEORGE 209 S.W. PAISLEY COURT FORT WHITE, FL 32038 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jaqueline A. Sulek</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				April 15, 2009 Date		386 497 4185 Daytime Phone #	