


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90394 012 ****61.25

DOCUMENT # N29942		
1. Entity Name HIGHLANDS COUNTY AUDUBON SOCIETY, INC.		
Principal Place of Business P.O. BOX 814 LAKE PLACID, FL 33852		Mailing Address P.O. BOX 814 LAKE PLACID, FL 33862 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SNOLL, BERNICE G 3455 NORTHERN BLVD LAKE PLACID, FL 33852		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBENCHAIN, HELEN 1504 BALSAM ST LAKE PLACID, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Mark</i> DEYRUP, MAN N 207 ADAMS <i>Bowie Ave.</i> LAKE PLACID, FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNOLL, BERNICE G 3455 NORTHERN BLVD LAKE PLACID, FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>Bud Warren</i> CARMICHAEL, DORIS 2741 QUEENS WOOD DR SEBRING, FL 33872 <i>1804 Lake Clay Dr. Lake Placid, FL 33852</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITESIDES, VAUGHAN 514 COTTONWOOD DR SEBRING, FL 338726218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>GP</i> NAME <i>Gina S. Dale</i> STREET ADDRESS <i>2125 BELLEVUE DR #8</i> CITY-ST-ZIP <i>Sebring, FL 33876</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Bernice G. Snoll</i>		Date <i>4-25-05</i> Daytime Phone # <i>863-465-0746</i>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #