


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90200 003 \*\*\*\*61.25

<b>DOCUMENT # N29942</b> 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		
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		
6. Name and Address of Current Registered Agent  SNOLL, BERNICE G 3455 NORTHERN BLVD LAKE PLACID, FL 33852			7. Name and Address of New Registered Agent Name <u>BAILIE, DAVID E</u> Street Address (P.O. Box Number is Not Acceptable) <u>117 BEAUCHAMP ST.</u> City <u>LAKE PLACID</u> <u>FL</u> Zip Code <u>33852</u>		
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 <u>David E Bailie</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>2/28/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBENCHAIN, HELEN 1504 BALSAM ST LAKE PLACID, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILIE, DAVID 117 BEAUCHAMP ST. LAKE PLACID, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARREN, JEAN 1712 LAKE CLAY DR LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEAVE, MARGARET P.O. BOX 3259 LAKE PLACID, FL 33862-3259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOLL, BERNICE G 3455 NORTHERN BLVD LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GAYLE 104 ROSEWOOD DR. N LAKE PLACID, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, BUD 1712 LAKE CLAY DR LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEYRUP, NANCY 207 BOWIE AVE. LAKE PLACID, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITESIDES, VAUGHAN 514 COTTONWOOD DR SEBRING, FL 338726218	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEYRUP, MARK 207 BOWIE AVE LAKE PLACID, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILLIS, DALE 2125 SE LAKEVIEW DR #8 SEBRING, FL 33876	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKELMAN, CARYL 3 PINEWOOD CT LAKE PLACID, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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>DAVID E BAILIE</u> <u>David E Bailie</u>			DATE <u>2/28/08</u> (863) 649-6718		

ATTACHMENT ATTACHMENT

40036974

#N29942

D

ADDITION

BECKELMAN, ROBERT

3 PINEWOOD CT

LAKE PLACID, FL 33852

D

ADDITION

CULLEN, NOREEN

1444 COUNTY RD 731

VENUS, FL 33960

D

ADDITION

SMITH, JANENE

329 BELLE FIELD AVE

LAKE PLACID, FL 33852