

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29942

FILED
Apr 15, 2009
Secretary of State

Entity Name: HIGHLANDS COUNTY AUDUBON SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 814
LAKE PLACID, FL 33852

New Principal Place of Business:

117 BEAUCHAMP ST.
LAKE PLACID, FL 33852

Current Mailing Address:

P.O. BOX 814
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-2807100 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAILIE, DAVID E
117 BEAUCHAMP ST
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OBENCHAIN, HELEN
Address: 1504 BALSAM ST
City-St-Zip: LAKE PLACID, FL

Title: VD () Delete
Name: WARREN, JEAN
Address: 1712 LAKE CLAY DR
City-St-Zip: LAKE PLACID, FL 33852

Title: TD () Delete
Name: BAILIE, DAVID
Address: 117 BEAUCHAMP ST
City-St-Zip: LAKE PLACID, FL 33852

Title: PD () Delete
Name: WARREN, BUD
Address: 1712 LAKE CLAY DR
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: GLEAVE, MARGARET
Address: POB 3259
City-St-Zip: LAKE PLACID, FL 338623258

Title: SD () Delete
Name: GILLIS, DALE
Address: 2125 SE LAKEVIEW DR #8
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. BAILIE

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date