

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 13, 2008 08:00 AM  
Secretary of State

DOCUMENT # N93000000126

1. Entity Name

THE SANIBEL-CAPTIVA AUDUBON SOCIETY, INC.



Principal Place of Business

P.O. BOX 957  
SANIBEL FL 33957

Mailing Address

P.O. BOX 957  
SANIBEL FL 33957



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0393421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREWS, PAUL  
743 MARTHA'S LANE  
SANIBEL FL 33957

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 the filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2008

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 VPD  
NAME GRIFFITH, JAMES ☐ Delete  
STREET ADDRESS 2668 COCONUT DRIVE  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000827267  
CITY-ST-ZIP 02/21/08-80082-023 61.25

TITLE SD  
NAME HARPAM, SUE ☐ Delete  
STREET ADDRESS 5481 SHEARWATER LANE  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME ANDREWS, CHRISTINE ☐ Delete  
STREET ADDRESS 743 MARTHA'S LANE  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BOWDEN, KEVIN ☐ Delete  
STREET ADDRESS 857 RABBIT ROAD  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME JEAN, REUTHER ☐ Delete  
STREET ADDRESS 468 APOLLO DRIVE  
CITY-ST-ZIP FT. MYERS FL 33908

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME TOM, ROTHMAN ☐ Delete  
STREET ADDRESS 431 RABBIT RD  
CITY-ST-ZIP SANIBEL FL 33957

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Thomas T. Rothman* THOMAS T. ROTHMAN 2-11-2008 239-395-3248