

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 11, 2010
Secretary of State

Entity Name: ST. LUCIE AUDUBON SOCIETY, INC.

Current Principal Place of Business:

5400 NE ST. JAMES DRIVE
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 12474
FT PIERCE, FL 34979 US

New Mailing Address:

FEI Number: 59-2724655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRICKSON, KEVIN H ESQ.
210 ORANGE AVE.
FT. PIERCE, FL 34950 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: DP
Name: WALMA, DANIEL MD
Address: 2400 S. OCEAN DRIVE #3323
City-St-Zip: FORT PIERCE, FL 34949 US

Title: DT
Name: WISE, JAY
Address: 2829 RAINBOW DR.
City-St-Zip: FORT PIERCE, FL 34982 US

Title: DVP
Name: NEESE, RUTH
Address: 3182 SW WATSON COURT
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: DS
Name: BLACKA, ADELLA
Address: 1034 SW BELLEVUE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D
Name: BOWES, ED
Address: 3182 SW WATSON CT.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: D
Name: SILLETTO, PEGGY
Address: 671 SOUTHEAST STOW TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34984 US

I hereby 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 all other like empowered.

SIGNATURE: JAY F. WISE

DT

02/11/2010

Electronic Signature of Signing Officer or Director

Date