
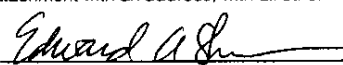


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90171 013 ****61.25

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # N93000004122 1. Entity Name WEST VOLUSIA AUDUBON SOCIETY, INC. | | | |  | |
| Principal Place of Business 1325 S. SPRING GARDEN AVE DELAND, FL 32720 US | | | Mailing Address P.O. BOX 1268 DELAND, FL 32721 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3236177 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SHERMAN, EDWARD A 1325 S. SPRING GARDEN AVE. DELAND, FL 32720 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | P/D SHERMAN, ARNETTE 1325 S. SPRING GARDEN AVE. DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHERMAN, EDWARD 1325 S. SPRING GARDEN AV. DELAND, FL 32720 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D TAYLOR, VIVIAN 221 W. MICHIGAN DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HOFFMAN, KARYN 309 CORNELL DR. DAYTONA BEACH FL 32118 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D TAYLOR, SARA LYNN 612 N. HIGH ST. DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EMERSON, ELISSA 506 W. HOGLE AV. DELAND, FL 32720 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D CASH, LAURA 2474 WILMHURST RD. DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition O'REILLY, MIKE 603 LAKE DR. DELAND, FL 32724 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D SHERMAN, EDWARD 1325 S. SPRING GARDEN AVE. DELAND, FL 32720 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D <input checked="" type="checkbox"/> Delete SLYKER, ELEANOR 1521 ALDEN ST. DELAND, FL 32720 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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:  | | EDWARD A. SHERMAN | | 27 APR 06 386-734-5840 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |