

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

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**



03142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3236177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHERMAN, EDWARD A
1325 S. SPRING GARDEN AVE.
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SHERMAN, EDWARD 1325 S. SPRING GARDEN AVE. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D TAYLOR, VIVIAN 221 W. MICHIGAN DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D TAYLOR, SARA LYNN 612 N. HIGH ST. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CASH, LAURA 2474 WILMHURST RD. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SHERMAN, EDWARD 1325 S. SPRING GARDEN AVE. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'REILLY, MIKE 603 LAKE DR DELAND, FL 32724

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04/17/07-80025-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Sherman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 MAR 07

Date

386-798-2538

Daytime Phone #