

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

Name *Michael O'Reilly*
Street Address (P.O. Box Number is Not Acceptable)
603 Lake Dr
DeLand, FL 32724

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 *Michael O'Reilly*

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P/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 TAYLOR, VIVIAN 221 W. MICHIGAN DELAND, FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Conservation</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Karyn Hoffman</i> <i>309 Cornell Dr</i> <i>Daytona Beach, FL 32118</i>
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	<i>VP Programs</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>John Eggert</i> <i>1033 Valley Forge Rd</i> <i>DeLand, FL 32720</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CASH, LAURA 2474 WILMHURST RD. DELAND, FL 32720	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Elissa Emerson</i> <i>P.O. Box 1268</i> <i>DeLand FL 32721</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SHERMAN, EDWARD 1325 S. SPRING GARDEN AVE. DELAND, FL 32720	<input checked="" 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	TD O'REILLY, MIKE 603 LAKE DR DELAND, FL 32724	<input type="checkbox"/> Delete	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: *Michael O'Reilly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08

Date

Daytime Phone #

**FILED
Jan 17, 2008 8:00 am
Secretary of State**

01-17-2008 90024 031 ****70.00



01132008 Chg-NP CR2E037 (12/06)