

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722339

Entity Name: HALIFAX RIVER AUDUBON, INC.**Current Principal Place of Business:**SICA HALL
1065 DAYTONA AVE
HOLLY HILL, FL 32117**Current Mailing Address:**PO BOX 166
DAYTONA BEACH, FL 32115 US**FEI Number:** 23-7193602**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JAROSIK, SUSAN C
224 VISTA DELLA TOSCANA
ORMOND BEACH, FL 32174 US*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**Officer/Director Detail :**Title PP
Name HARTGROVE, DAVID
Address 113 CENTENNIAL LANE
City-State-Zip: DAYTONA BEACH FL 32119Title S
Name YOKUBONUS, PEGGY
Address 22 MEADOW RIDGE VEIW
City-State-Zip: ORMOND BEACH FL 32174Title VP
Name ROESSLER, JOHN
Address 310 SEAVIEW AVE
City-State-Zip: DAYTONA BEACH FL 32118Title P
Name WEHR, PAULA
Address 1229 LONDONDERRY CIRCLE
City-State-Zip: ORMOND BEACH FL 32174Title VP
Name RAMSEY, RACHEL
Address 130 MILL SPRING PL
City-State-Zip: ORMOND BEACH FL 32174Title T
Name JAROSIK, SUSAN
Address 224 VISTA DELLA TOSCANA
City-State-Zip: ORMOND BEACH FL 32174

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: SUSAN JAROSIK**TREASURER****04/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date