

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009386

**Entity Name:** FOUR RIVERS AUDUBON SOCIETY, INCORPORATED

**Current Principal Place of Business:**

249 SW OAK GLEN  
FORT WHITE, FL 32038

**Current Mailing Address:**

P.O. BOX 442  
FORT WHITE, FL 32038

**FEI Number:** 59-1957858

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMAS, VALERIE A  
249 SW OAK GLEN  
FORT WHITE, FL 32038 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:** VALERIE A. THOMAS

01/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SULEK, JACQUELINE A  
Address 209 SW PAISLEY CT  
City-State-Zip: FT WHITE FL 32038

Title P  
Name THOMAS, VALERIE  
Address 249 SW OAK GLEN  
City-State-Zip: FT WHITE FL 32038

Title T  
Name SHUBERT, LAURI  
Address 906 S.E. DIVISION AVE.  
City-State-Zip: LAKE CITY FL 32025

Title S  
Name OLSON, MEGAN  
Address 349 SW OAK GLEN  
City-State-Zip: FORT WHITE FL 32038

Title VP  
Name MARTIN, BETSY  
Address 1752 260TH STREET  
City-State-Zip: O'BRIEN FL 32071

*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:** VALERIE THOMAS

**PRESIDENT**

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date