

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002165

FILED
Jan 11, 2019
Secretary of State
2670070845CC

Entity Name: SANTA FE AUDUBON SOCIETY, INCORPORATED

Current Principal Place of Business:

6402 LATCHSTRING RD
MELROSE, FL 32666

Current Mailing Address:

PO BOX 533
MELROSE, FL 32666 US

FEI Number: 26-4406972

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHEFFIELD, GLORIA
749 N STATE ROAD 21
MELROSE, FL 32666 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: GLORIA SHEFFIELD

01/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KING, JOYCE
Address 280 SE 31ST WAY
City-State-Zip: MELROSE FL 32666-5110

Title PRESIDENT
Name BERKELMAN, LAURA
Address 6402 LATCHSTRING RD.
City-State-Zip: MELROSE FL 32666

Title VP
Name PIERCE, M. ANNE
Address 249 HERMAN DR.
City-State-Zip: HAWTHORNE FL 32640

Title DIRECTOR
Name SEGALL, JOY
Address 179 LONG LAKE RD.
City-State-Zip: HAWTHORNE FL 32640

Title SECRETARY
Name CARLOCK, SALLIE
Address 105 MELROSE RD.
City-State-Zip: MELROSE FL 32666

Title TREASURER
Name SHEFFIELD, GLORIA
Address 749 N STATE ROAD 21
City-State-Zip: MELROSE FL 32666

Title DIRECTOR
Name PETERSON, LYNNE
Address 264 SE 4TH AVE
City-State-Zip: MELROSE FL 32666

Title DIRECTOR
Name SARGENT, DIANE
Address 21812 SE 16 AVE
City-State-Zip: HAWTHORNE FL 32640

Continues on page 2

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: GLORIA SHEFFIELD

TREASURER

01/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name HOPEN, GINA
Address 6406 LATCHSTRING LANE
City-State-Zip: MELROSE FL 32666