

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002165

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC6806777573**

**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

01/06/2017

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 BOLLUM, KEITH  
Address 5910 HAMPTON STREET  
City-State-Zip: MELROSE FL 32666

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 DIRECTOR  
Name MOSER, BETTINA  
Address 105 SW 41ST ST.  
City-State-Zip: GAINESVILLE FL 32607

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

**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**

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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