



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90076 015 \*\*\*\*61.25

<b>DOCUMENT # 722339</b> 1. Entity Name <b>HALIFAX RIVER AUDUBON, INC.</b>					
Principal Place of Business <b>501 N WILD OLIVE AVE #1 DAYTONA BEACH FL 32118 US</b>			Mailing Address <b>6118 JASMINE VINE DR PT ORANGE FL FL 32128 US</b>		
2. Principal Place of Business <b>Sica Hall Suite, Apt. #, etc. 1065 Daytona Ave City &amp; State Holly Hill, FL Zip 32117</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>32128</b>		 <b>MOORE CR2E037 (11/03)</b>	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>23-7193602</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ROBINSON, MORRELL 6118 JASMINE VINE DR PORT ORANGE FL 32124</b>			7. Name and Address of New Registered Agent Name <b>Lois Robinson</b> Street Address (P.O. Box Number is Not Acceptable) <b>6118 Jasmine Vine Dr. City Pt. Orange FL Zip Code 32128</b>		
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 <u>Lois Robinson</u> <i>Lois Robinson, Treasurer</i> 1/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ROBINSON, LOIS 6118 JASMINE VINE DRIVE PORT ORANGE FL 32124</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Lois Robinson 6118 Jasmine Vine Dr. Pt. Orange, FL 32128</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SHADDIX, MADELINE 6 HOMAN TERRACE DAYTONA BEACH FL 32115</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President John Roessler 310 Seaview Ave Daytona Beach, FL 32118</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>LESH, JEAN 8 GOLDEN GATE CIRCLE PORT ORANGE FL 32119</b>	<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	TD <b>ROBINSON, MORRELL S. 6118 JASMINE VINE DR PT ORANGE FL</b>	<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	VD <b>RAMSEY, RACHEL 130 MILL SPRING PL RR#2 ORMOND BEACH FL 32174</b>	<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		<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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Lois Robinson</i> <b>Lois Robinson</b> 1/22/04 386-3480 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					