


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

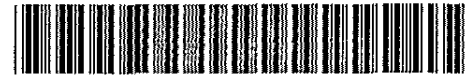
FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 722339 1. Entity Name HALIFAX RIVER AUDUBON, INC.	
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Principal Place of Business SICA HALL 1065 DAYTONA AVE DAYTONA BEACH FL 32117 US	Mailing Address 6118 JASMINE VINE DR PORT ORANGE FL 32128 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent ROBINSON, LOIS 6118 JASMINE VINE DR PORT ORANGE FL 32124	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME ROBINSON, LOIS STREET ADDRESS 6118 JASMINE VINE DRIVE CITY- ST- ZIP PORT ORANGE FL 32124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	01/28/05-80013-003 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME SHADDIX, MADELINE STREET ADDRESS 6 HOMAN TERRACE CITY- ST- ZIP DAYTONA BEACH FL 32115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME LESH, JEAN STREET ADDRESS 8 GOLDEN GATE CIRCLE CITY- ST- ZIP PORT ORANGE FL 32119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME ROESSLER, JOHN STREET ADDRESS 310 SEAVIEW AVE CITY- ST- ZIP DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME RAMSEY, RACHEL STREET ADDRESS 130 MILL SPRING PL RR#2 CITY- ST- ZIP ORMOND BEACH FL 32174	<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)(f), 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.

SIGNATURE: Lois Robinson Lois ROBINSON 1/25/05 306-760-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #