


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90013 024 ****61.25

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| 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 SICA HALL Suite, Apt. #, etc. 1065 DAYTONA AVE City & State DAYTONA BEACH Zip 32117 Country US | 3. Mailing Address 130 MILL SPRING PLACE Suite, Apt. #, etc. City & State ORMOND BEACH FL Zip 32174 Country US |
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02282006 Chg-NP CR2E037 (11/05)

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| 4. FEI Number 23-7193602 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 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 RACHEL RAMSEY Street Address (P.O. Box Number is Not Acceptable) 130 MILL SPRING PLACE ORMOND BEACH City FL Zip Code 32174 |
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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 Rachel Ramsey (NOTE: Registered Agent signature required when reinstating) DATE February 28, 2006

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROBINSON, LOIS 6118 JASMINE VINE DRIVE PORT ORANGE, FL 32124 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHN ROESSLER 310 SEAVIEW AVE DAYTONA BEACH FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SHADDIX, MADELINE 6 HOMAN TERRACE DAYTONA BEACH, FL 32115 <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 | S LESH, JEAN 8 GOLDEN GATE CIRCLE PORT ORANGE, FL 32119 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LOIS ROBINSON 6118 JASMINE VINE DR PORT ORANGE, FL 32124 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROESSLER, JOHN 310 SEAVIEW AVE DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RACHEL RAMSEY 130 MILL SPRING PLACE ORMOND BEACH FL 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RAMSEY, RACHEL 130 MILL SPRING PL RR#2 ORMOND BEACH, FL 32174 <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 | <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 exemptions contained in Chapter 119, 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: Rachel Ramsey RACHEL RAMSEY 2-28-06 386-673-1037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #