| PO BOX 166<br>DAYTONA B                     | EACH, FL 32115 US  |                                   |   |                    |
|---|--|-----------------------------------|---|--------------------|
| FEI Number: 23-7193602                      |  | Certificate of Status Desired: No |   |                    |
| Name and A                                  | ddress of Current Registered Agent:  |                                   |   |                    |
| TATE, ELLEN<br>251 RIVER VAL<br>ORMOND BEAC | E LN<br>CH, FL 32174 US  |                                   |   |                    |
| The above named                             | entity submits this statement for the purpose of changing its regis                                  | stered office or regis            | tered agent, or both, in the State of Flo | rida.              |
| SIGNATURE: ELLEN TATE                       |  |                                   |   |                    |
| SIGNATURE                                   | ELLEN TATE   |                                   |   | 02/21/2019         |
| SIGNATURE                                   | : ELLEN TATE Electronic Signature of Registered Agent  |                                   |   | 02/21/2019<br>Date |
| SIGNATURE<br>Officer/Direc                  | Electronic Signature of Registered Agent   |                                   |   |                    |
|   | Electronic Signature of Registered Agent<br>ctor Detail :<br>VICE PRESIDENT/CONSERVATION             | Title                             | TREASURER                                 |                    |
| Officer/Direc                               | Electronic Signature of Registered Agent<br>ctor Detail :<br>VICE PRESIDENT/CONSERVATION<br>CHAIRMAN | Title<br>Name                     | TREASURER<br>TATE, ELLEN                  |                    |
| Officer/Direc                               | Electronic Signature of Registered Agent<br>ctor Detail :<br>VICE PRESIDENT/CONSERVATION             |                                   |   |                    |

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.

TREASURER

SIGNATURE: ELLEN TATE

Electronic Signature of Signing Officer/Director Detail

02/21/2019

Date

**Current Principal Place of Business:** 

Entity Name: HALIFAX RIVER AUDUBON, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

SICA HALL 1065 DAYTONA AVE HOLLY HILL, FL 32117

**DOCUMENT# 722339** 

## **Current Mailing Address:**