


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90006 041 \*\*\*\*61.25

**DOCUMENT # N06328**  
 1. Entity Name  
**EAGLE AUDUBON SOCIETY, INC.**



Principal Place of Business      Mailing Address  
**KINGS POINT CLUBHOUSE**      **P. O. BOX 5813**  
**BANQUET ROOM**                      **SUN CITY CENTER FL 33571-5813**  
**SUN CITY CENTER FL 33573**      **US**



1st MOORE      CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2234564**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**TERRY**  
~~TERRY, NANCY M~~  
**2444 KENSINGTON GREENS**  
**SUN CITY CENTER FL 33573-8013**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**  
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TERRY, NANCY M</b> <b>2444 KENSINGTON GREENS</b> <b>SUN CITY CENTER FL 33573-8013</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. Don Grozis</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1255 Lyndhurst Greens Dr,</b> <b>Sun City Center, FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MALINAK, NINA</b> <b>2424 KENSINGTON GREEN</b> <b>SUN CITY CENTER FL 33573-8040</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. Sally Sutton</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>708 Staffordshire Ln.</b> <b>Sun City Center, FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABBOTT, IRENE T</b> <b>1902 NEW BEDFORD DRIVE</b> <b>SUN CITY CENTER FL 33573</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. Sandra Miller</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>304 Sedgwick Ct.</b> <b>Sun City Center FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KELLEY, BARBARA L</b> <b>2003 HEREFORD DR.</b> <b>SUN CITY CENTER FL 33573-6353</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. Kay Cruikshank</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>802 McCallister Ave.</b> <b>Sun City Center, FL 33573</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ELLERBROOK, DANA</b> <b>1166 CORINTH GREEN DR</b> <b>SUN CITY CENTER FL 33573</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	<b>D</b> <b>LEEPER, ADRIENNE</b> <b>711 INDIAN WELLS DR</b> <b>SUN CITY CENTER FL 33573</b> <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 Section 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:** *Barbara Lee Kelley*      **2/16/08**      **(813) 642-8255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Do Not Print)